

Becky Rockwell, LCSW

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Notice of Privacy Practices

It is my legal duty to maintain client confidentiality. You may choose to give me written permission to discuss specific aspects of your case with other individuals with whom you deem necessary. These individuals may include psychiatrists or family practice physicians. If we decide coordination of your care would be beneficial, we will complete an Authorization for the Release or Exchange of Information form.

The following are conditions where I am required by law to disclose confidential information about you:

- You are a danger to yourself or others
- You are a minor and I reasonably suspect that you are the victim of abuse or neglect
- You are a person over the age of 65 and I reasonably suspect that you are the victim of abuse or neglect
- You are under the age of 16 and are the victim of a crime
- You file a suit against me for breach of duty
- You seek treatment to avoid detection or apprehension or to enable anyone to commit a crime
- I was appointed by the courts as your therapist to evaluate you
- Your contact with me as a therapist is for the purpose of determining sanity or competence in a criminal proceeding
- You are involved in a law suit and my records are subpoenaed
- You have filed a suit against anyone and have claimed mental or emotional damages as part of the suit
- You have filed for reimbursement with your insurance company for your therapy sessions and they request your records

I have read and understand the above information and am consenting to treatment.

Client Name (printed)

Client Signature Date