

## **Kathleen Choe, LPC**

4131 Spicewood Spring Road A-5  
Austin, Texas 78759  
(512) 215-4228

### *Confidentiality/Privacy Notice*

This notice describes how psychological and health information about you may or may not be disclosed to other parties: I may disclose your health information with your consent to a physician or therapist providing treatment to you or to obtain payment for services rendered to you.

You have the following rights concerning the use/disclosure of your health information: to request restrictions on certain uses/disclosures, to inspect and copy your information (excluding psychotherapy notes) and to request to amend any such information.

As required by law, I must disclose the following information without your consent or authorization in the following circumstances:

1. Child Abuse/Elder Abuse

If I have cause to believe that a child or elderly person has been, or may be abused or neglected, I am required to report this within a specified time frame to the proper authorities.

2. Judicial/Administrative Proceedings

If you are involved in a court proceeding which involves a court order requiring information about your diagnosis and treatment.

3. Serious Threat to Health/Safety

If it appears that you pose a serious threat to yourself or someone else, I may disclose relevant health information to medical or law enforcement personnel.

Counseling fees are \$135.00 per 60 minute session and are due at the time of the session. Cancellations made less than 24 hours in advance for non-emergency purposes are subject to a \$70.00 fee. A no-show with no notification is charged at the full hourly rate of \$135.00, as are court appearances including preparation and waiting time.

Your signature below indicates your understanding and acceptance of the above limitations on the confidentiality of your personal information and your agreement with the fee structure and charges described above.

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Signature

Date