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**ABOUT PRIVACY AND CONFIDENTIALITY IN MY PRACTICE**

This notice describes the privacy procedures of my private psychiatry practice.

It is of the utmost importance to me that information about you, my client, remains absolutely confidential whenever possible. I believe that this is a critical element in developing the trust and openness essential in the process of addressing mental health issues. Unless you explicitly notify me otherwise, I will generally assume that you wish your personal information to remain strictly confidential. In any situation where I believe that release of information would be beneficial, it is my usual practice to request your written consent via a Release of Information (ROI).

To maximize your privacy, I do not involve other individuals or agencies in billing, scheduling, or other administrative aspects of my practice. I feel this provides you with a higher level of confidentiality than would be possible in a larger clinic or group practice. In the routine course of my practice, no one but me will access any of your demographic or clinical information.

If you are seeing a psychotherapist in addition to me, I will generally request your permission to remain in touch with that person. I may also ask your permission to allow contact with your primary care physician or others whose care may interact critically with our work. It is of course your choice whether to permit such contact or not.

The greatest level of privacy can be obtained by not involving insurance companies in your mental health care. However, if you request, I will supply you with invoices for our sessions, which you may submit to your insurance company seeking reimbursement. This allows you the greatest control over where and when any information about you is released. Please know that insurance companies *require* a diagnosis and description of the service rendered in order to cover any costs; this information will be indicated on my invoice.

There are unusual circumstances in which the law may require a health professional to release information about you without your authorization. These situations are very rare and I will work relentlessly to avoid them. Such situations include: (1) If I have reason to believe that you pose a direct threat of imminent harm to any individual (including yourself), and (2) If I have reason to believe that abuse or neglect of a child, elder, dependent or disabled person is taking place.

Finally, although client/psychiatrist communications are generally protected as confidential under the law, I may be required to use or disclose information about you in the course of a judicial or legal proceeding if I am ordered by a court to do so. I also reserve the right to use and disclose information about you if doing so is necessary to defend myself in legal action brought against me in relation to your care.

By signing, I acknowledge that I have received and reviewed a copy of this Notice of Privacy Practices.

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Client (or Parent/Guardian, if applicable)

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Date