

**ALEXANDER BEZNES, LCSW**

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**Limits of Confidentiality**

Contents of therapy sessions are confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client’s legal guardian. Exceptions are as follows:

*Duty to warn and protect*

When a client discloses intentions or a plan to harm another person, the mental health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

*Abuse of children and vulnerable adults*

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

*Prenatal exposure to controlled substances*

Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

*Minors/Guardianship*

Parents or legal guardians of non-emancipated minor clients have the right to access the client’s records.

*Insurance Providers (when applicable)*

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

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**Notice of Privacy Practices Acknowledgement of Receipt**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been offered or provided a copy of the Notice of Privacy Practices which describes how medical information about me may be used and disclosed, and how I can access this information. I understand that Alexander Beznes, LCSW has the right to change its Notice of Privacy Practices from time to time and that I may request updates at the address above to obtain a current copy of the Notice of Private Practices.

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**Patient / Representative Signature**

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**Date**

If the patient listed above is a minor or is unable to sign and you are a parent, legal guardian, or personal representative signing on behalf of this patient, please sign above and complete the following:

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**Print Name**

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**Relationship to Patient**