



**CRAINE COUNSELING AND CONSULTING GROUP**  
**ELLEN M. CRAINE, JD, LMSW-Clinical and Macro, ACSW, INHC**  
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The written policy for protecting, maintaining, and providing access to clients' records in accordance with Section 16213 of the Public Health Code, 1978 PA368, MCL 333.16213; and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA368, MCL 333.16101 to 333.18838 is as follows:

1. With adherence to Section 1.08 Access to Records in the NASW Code of Ethics (2017), (a) as a client, you will have reasonable access to your records, should you desire it. However, as a social worker, if I am concerned that your access could cause serious misunderstanding or harm to you, I will provide assistance in interpreting the records and consult with you regarding the records. I may limit access to your records, or portions of your records only in exceptional circumstances where there is compelling evidence such that access would cause serious harm to you. I will also document all requests and rationale for withholding some or all of the record in your file.
2. With adherence to Section 1.08 Access to Records in the NASW Code of Ethics (2017), (b) no access to records will be provided via technology. Access to Records will only be provided in person or, if appropriate, by copies sent via registered/certified mail in an attempt to protect privacy and confidentiality (Section 1.07 NASW Code of Ethics (2017)) from others gaining inappropriate access to this information.
3. With adherence to Section 1.08 Access to Records in the NASW Code of Ethics (2017), (c) when you are provided with access to your records, I will take steps to protect the confidentiality of other individuals identified or discussed in such records.
4. Should I become incapacitated and cannot continue in my capacity as your therapist or consultant, or if I die, Amalia Briggs, LMSW will contact you as soon as possible and offer you to resume services with her, or she will refer you to another provided if that is deemed to be in your best interests.



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5. Should I decide to close my practice, I will notify you as soon as possible of these plans and work with you to terminate our relationship. I will refer you to another appropriate provider if that is determined to be in your best interests in accordance with the NASW Code of Ethics (2017). In addition, I will have you sign an appropriate Release of Information giving me permission to share your information with the new provider if that is determined to be in your best interests.
  
6. If at any time, I am unavailable due to vacation or illness, I will do my best to notify you of my unavailability. We will work together to provide the best support system plan for you in my temporary absence.
  
7. This document will be updated on an annual basis as needed and at such other times as there are changes in laws and ethics, or my circumstances, that require such a change.
  
8. This document will remain valid until a new and subsequent document is signed by you.

Please sign below acknowledging receipt of this policy and that it has been reviewed with you. You are also giving permission for your information to be shared in the event of my temporary illness or permanent incapacity or death with your signature on this document.

\_\_\_\_\_  
 Client /Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed name of Client/Parent/Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Relationship of signer to client (self/parent/guardian)