

# Privacy of Information Policies (HIPAA)

## **Our Legal Duties**

State and Federal laws require that your medical records are kept private. Such laws require that I provide you with this notice informing you of privacy of information policies. I am required to abide by these policies until replaced or revised. I have the right to revise the privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed in an evaluation, intake, or counseling session are covered by the law as private information. I respect the privacy of the information you provide and will abide by ethical and legal requirements of confidentiality and privacy of records.

## **Use of Information**

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 or personal representative. It is a policy not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent as required by law.

## **Public Safety**

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

## **In the Event of a Client's Death**

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

## **Professional Misconduct**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

## **Judicial or Administrative Proceedings**

Health care professionals are required to release records of clients when a court order has been placed.

## **Minors/Guardianship**

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

## **Other Provisions**

When payment for services is the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the timeframe, and the name of the therapist.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

## **Your Rights**

You have the right to request to review or receive your medical files. The procedures for obtaining a copy of your medical information is as follows. You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for this service is \$0.25 per page, plus postage.

You have the right to the following:

- To cancel a release of information by providing a written notice. If you desire to have your information sent to a location different than our address on file, you must provide this information in writing.
- To restrict which information might be disclosed to others. However, if I do not agree with these restrictions, I am not bound to abide by them.
- To request that information about you be communicated by other means or to another location. This request must be made in writing.
- To disagree with the medical records in the therapist's files. You may request that this information be changed. Although changing the record may be denied, you have the right to make a statement of disagreement, which will be placed in your file.
- To know what information in your record has been provided to whom. Request this in writing.

## **Complaints**

You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the Board of Behavioral Sciences (i.e., State licensing board).

## **I UNDERSTAND THE LIMITS OF CONFIDENTIALITY, PRIVACY POLICIES, MY RIGHTS, AND THEIR MEANINGS AND RAMIFICATIONS.**

---

**Name of Patient** (Please Print)

---

**Signature of Patient**

---

**Date**