



HIPAA NOTIFICATION FOR CLIENTS

Mr. Taylor Bell is complying with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 by informing clients of how they use and disclose personal health information (PHI).

What is PHI?

- Name
- Address
- Telephone Number
- E-Mail address
- Social Securing Number
- Medical Information (including initial assessment, progress notes, discharge summaries, treatment plans, etc. Any documentation relating to your care)

CLIENT RECORDS OF DISCLOSURES

In general the HIPAA privacy act gives individuals the right to request a restriction on uses and disclosures of their personal health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means such as sending correspondence to the individual's office instead of at the individual's home.

I wish to be contacted in the following manner (check all that apply):

Cell Phone: _____ Written Communication
 Ok to leave message with detailed information Ok to email to my personal email address
 Leave message with a call back number only Ok to email to my work email address

Work Telephone: _____ Other: _____
 OK to leave message with detailed information
 Leave message with call back number only

I, _____, hereby acknowledge that I have been notified that my personal health information is protected under the new HIPAA regulations. I understand my rights as a client.

Client/Parent or Guardian Signature

Printed Name

Date