

Therapist Name:

HIPAA Privacy Notice

Client Name:

Today's Date:

This HIPAA notice describes how mental health and other applicable medical information about you may be used and disclosed. In addition, this notice describes how you can get access to your information. Please review carefully.

Effective date:

COMMITMENT TO PRIVACY

We understand that your medical and health information is private and personal. In our best effort to provide quality care and to comply with applicable laws and other legal requirements, we create a record of the services you receive from providers in our practice. Your record consists of personal information about you and your health. Protected Health Information, or PHI, is information about you and the care you receive to identify you as it relates to your past, present, or future health and related health services.

This notice of privacy describes how we may use and disclose your PHI to carry out our treatment, payment, health care operations, or other purposes permitted or required by law. This notice also describes your rights to access and control your protected health information.

We will always be 100% committed to maintaining your confidentiality and the records we keep. We will only release your healthcare information in accordance with state or federal law and the ethical standards of the counseling profession.

USES AND DISCLOSURES OF YOUR INFORMATION

In this section, we will review the uses and disclosures of your private health information.

Treatment:

Your PHI may be used and disclosed by those involved in your care with the purpose of providing, coordinating, or managing your health care treatment or related services, such as: clinical supervisors, care specialists, and other treatment team members. We may also disclose PHI to any other consultant only with your authorization.

Payment:

Your PHI will be used as needed to obtain payment for your health care services.

Healthcare Operations:

We may need to use information about you to review or support our treatment procedures and business activity. Your information may be used for certification, compliance, and/or licensing activities. For example, we may share your PHI with 3rd party billing companies, provided that we have a contract in place with the business to safeguard the privacy of our clients' PHI.

Emergencies:

In the case of emergency treatment situations, we may use or disclose your PHI. If this happens, we will make every attempt to obtain your consent as soon as reasonably possible after you receive treatment. If your healthcare provider or another healthcare provider in our organization is required by law to treat you but is unable to obtain your consent, they may use or disclose your PHI to treat you.

Others Involved in Your Health Care:

Unless you object, we may disclose your PHI to family members, relatives, close friends, or any other person you identify as a person whom is involved in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information when necessary if we determine it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person whom is responsible for your care, general condition, or death. We may disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other Uses:

The following is a list of categories of uses and disclosures permitted by HIPAA without your authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations, including the following:

- **Required by Law:** We may use or disclose your PHI to the extent required by law.
- **Judicial / Administrative Proceedings:** We may disclose your PHI if we receive a subpoena (with your written consent), court order, administrative order or similar legal process.
- **Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority whom is permitted by law to collect or receive information like yours. This disclosure will be made with the purpose of controlling injury, disease, or disability.
- **Child Abuse or Neglect:** We may disclose your PHI to a local, state, or federal agency that is authorized to receive reports of child abuse or neglect
- **Deceased Client / Patient:** We may disclose PHI regarding deceased clients / patients as mandated by applicable laws, or to a family member or friend that was involved in your care or payment for care prior to death, based on your consent given. A release of information may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than 50 years is no longer protected under HIPAA guidelines.
- **Medical Emergencies:** We may disclose your PHI in medical emergency situations to medical professionals only in an effort to prevent serious harm. We will do our best to provide you with notice as soon as reasonably possible after your emergency.
- **Health Oversight:** If required, we may disclose PHI to a health oversight agency for activities authorized by law. These can include audits, investigations, inspections, and other applicable reasons.
- **Family Involvement in Care:** We may disclose your PHI to close family members, friends directly involved in your treatment, or other person whom you have specified through consent, or as necessary to prevent serious harm.
- **Food and Drug Administration:** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects/problems, biologic product deviations, track products, product recalls, to make repairs or replacements, or to conduct post marketing surveillance as required.
- **Law Enforcement:** We may disclose your PHI to law enforcement if applicable legal requirements are met.
- **Public Safety:** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your health care provider
- **Workers' Compensation:** We may use or disclose your PHI to comply with workers' compensation laws and other similar legally-established programs.
- **Criminal Activity:** We may disclose your PHI if we believe that use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, consistent with applicable laws.
- **Verbal Permission:** We may use or disclose your PHI to family members and those directly involved in your treatment with your verbal permission.
- **With Your Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which can be revoked at any time, except to the extent we have already made a use or disclosure based upon your previous authorization. The following uses and disclosures will be made only with your written authorization: Most uses and disclosures of psychotherapy notes (which are separated from your medical record), most uses and disclosures of PHI for marketing purposes, disclosures that constitute a sale of PHI, and other uses and disclosures not described in the above notice of privacy practices.

By signing this form, you acknowledge that you've carefully reviewed this document and that you are in receipt of these HIPAA privacy practices:

Your Signature: _____

Date: _____

Personal Representative: _____
(If client is a minor)

Date: _____

Relationship to client: _____