



HIPAA STATEMENT

The Health Insurance Portability and Accountability Act

HIPAA Legislation was designed to inform consumers that health care providers (HCPs) are expected to keep consumer's personal health data confidential. Contents of all therapy sessions are considered confidential. Neither verbal or written client records can be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

DUTY TO WARN AND PROTECT

When a client discloses intentions or a plan to harm another person, the mental health professional or HCP 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 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 suggest that they are: 1.)abusing a child or vulnerable adult, 2.) has recently abused a child or vulnerable adult, or 3.) a child or vulnerable adult is in danger of abuse, the HCPs are required to report this information to the appropriate Supervisor, 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

Insurance companies and other third-party payers can request client information, including: types of services, dates, times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes and summaries.

This is just a brief overview of HIPAA. For more comprehensive information please visit:

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Your Signature below indicates that:

You have been made aware of the purpose of HIPAA and that Bonita Hutchinson and Associates, PLLC is HIPAA compliant and will protect the privacy of the information you disclose as a Client, Supervisees and Consultants will abide by limiting the identifiable information when sharing and communicating to, for or about Clients. And, you agree to the above limits of confidentiality and understand the meanings and ramifications noted above.

Client/Consultant/Supervisee Name (Print)

Date

Signature