



CONFIDENTIALITY AND HIPAA CONSENT

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Confidentiality and HIPAA Consent (this "Consent") is entered into in conjunction with the Nurse Coaching Agreement (the "Agreement") between me, the Nurse Coach (the "Nurse," "I," "me"), and you, the client whose names appear in the signature line (the "Client," "you," "your"). The Client and Nurse are referred to as the "Parties" (or "our," "we").

In Essence: I recognize that in the course of our work together, you may disclose the following: future plans, health information, financial information, job information, goals, personal information, and other proprietary information. I will not at any time, either directly or indirectly, use any information for my own personal benefit. I will never disclose, or communicate in any manner, any of your information to any third party.

I will never use information that would identify you without your consent. Furthermore, I will not divulge that you and I are in a coaching relationship without your permission. I will hold everything that we say and do confidential unless you present as a physical danger to yourself or others. In this case, I will inform legal authorities so that protective measures can be taken.

Confidentiality: Any information you disclose to me in connection with Nurse Coaching (as defined in the Agreement) will be kept strictly confidential in accordance with professional nursing requirements, subject to the following terms and conditions.

HIPAA Notice of Privacy Practices: HIPAA requires me to safeguard your protected health information (PHI) which includes any information that could reasonably identify you, including data about health conditions and the Coaching Services. Under HIPAA, I may use and disclose your PHI for the following reasons:

Treatment: To coordinate care, and with your signed consent, I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who are involved with your care.

Operation: For efficient operations, I may disclose your PHI; for example, to evaluate my performance, to make sure I am in compliance with applicable laws, for appointment reminders and health related benefits or services.

Obligatory Disclosures: Nurses are listed in most, if not all, mandatory reporting statutes. Statutes include child abuse and neglect reporting statutes, medical neglect of children and the elderly, elder abuse in the community or in nursing homes, and domestic violence. The Nurse may disclose PHI in certain legally required circumstances.

Additional, Optional Disclosures: By signing this Confidentiality and HIPAA Disclosure Agreement, you consent to the following additional disclosures:

Communication Platform: You and I may communicate between a variety of communication platforms including, phone, video, or e-mail. These platforms may not be secure or HIPAA compliant. You consent to using non-HIPAA compliant platforms for our communications.

Revocation of Written Authorization: By signing below, you agree to the above authorizations. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing to stop any future disclosures.

Copies: You have the right to see and get copies of your PHI. You may request your information in writing and I will respond within 30 days. If I must deny your request, I will give you the reasons for the denial in writing. You are entitled to a list of the disclosures of your PHI that I have made upon 60 days' notice. This will not include disclosures that you have authorized.

Amendments: If you believe there is an error in your PHI, you have the right to request that I correct information or add missing information. Your request for this amendment must be made in writing and I must respond within 60 days. I can deny your request if I find that the PHI is complete and correct or may not be disclosed. My written denial must explain the reasons for the denial and your right to file a written objection. If you do not file a written objection, you will still have the right to ask that your request and my denial be attached to any future disclosures. If I agree to make changes to your PHI, I will also advise all others who need to know that the changes have been made.

Complaints: If you feel I have violated your privacy rights or if you object to a decision I have made about access to your PHI, you are entitled to file a complaint. First and foremost, notify me directly if you feel I have violated your rights. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775. I will not retaliate against you for filing a complaint.

Nurse Coach Signature

Date

Client Signature

Date

IF CLIENT IS UNDER EIGHTEEN (18):

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I consent to the terms and conditions of this Release.

Client Printed Name Signature

Date

Name of Minor who you are signing for.