

HIPAA Consent Form (Per Federal HIPAA Law, Section 164.506)

Health Insurance & Confidentiality of Record: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of patient information, provide for the electronic and physical security of health and patient medical information, and simplify billing and other electronic transactions by standardizing codes and procedures. The HIPAA Privacy Rule creates a minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health care organizations. One of the requirements of the Privacy Rule is that I give you a Notice of Privacy Practices (NPP) that describes your rights and protections regarding your health care records (PHI). The Notice explains your rights regarding your private healthcare information, including your right to:

- Inspect and copy your medical records
- Request an amendment or addendum to your medical records
- An accounting of disclosures of your private health information
- Request restrictions to release your medical information
- Request restrictions of confidential communications with you

By signing this contract, you are consenting to a release of information about your case to your health plan for claims, certification, and case management for the purposes of treatment and payment. I have no control or knowledge over what insurance companies do with the information that is submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health or life insurance.

Signature of Client/Responsible Party

Print Name

Date

Witness

Date

