

Croton Children and Family Counseling

HIPAA Compliance Form for Therapy Practice

This HIPAA Compliance Form outlines the privacy practices of Croton Children and Family Counseling in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Please read this form carefully and sign to acknowledge your understanding and agreement to the following:

Privacy Practices:

- Croton Children and Family Services is committed to protecting the privacy and confidentiality of your protected health information (PHI) in compliance with HIPAA regulations.
- We have established policies and procedures to safeguard the privacy of your PHI and ensure that it is only accessed, used, and disclosed as permitted by law.

Protected Health Information (PHI):

- PHI includes any information that identifies you or could reasonably be used to identify you and relates to your past, present, or future physical or mental health condition, healthcare services received, or payment for healthcare services.
- Examples of PHI may include your name, address, date of birth, medical history, treatment records, and insurance information.

Use and Disclosure of PHI:

- Croton Children and Family Counseling may use and disclose your PHI for treatment, payment, and healthcare operations purposes as outlined in our Notice of Privacy Practices.
- We will obtain your written authorization before using or disclosing your PHI for purposes not permitted by HIPAA, except as required or permitted by law.

Notice of Privacy Practices:

- You have the right to receive a copy of our Notice of Privacy Practices, which describes how we may use and disclose your PHI, your rights regarding your PHI, and how you can exercise those rights.
- Our Notice of Privacy Practices is available upon request

Access to PHI:

- You have the right to request access to your PHI and to request amendments to your PHI if you believe it is inaccurate or incomplete.
- Croton Children and Family Counseling will accommodate reasonable requests for access to and amendment of your PHI in accordance with HIPAA regulations.

Complaints:

- If you believe that your privacy rights have been violated or if you have any concerns about our privacy practices, you have the right to file a complaint with Croton Children and Family Counseling or with the Secretary of the Department of Health and Human Services.
- Croton Children and Family Counseling will not retaliate against you for filing a complaint.

By signing below, you acknowledge that you have read and understand the HIPAA Compliance Form provided by Croton Children and Family Counseling. You agree to comply with our privacy practices and authorize the use and disclosure of your PHI as outlined above.

Client's Signature:

Date:

Parent/Guardian Signature (if applicable)

Date: