**PATIENT NOTIFICATION OF PRIVACY RIGHTS**

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”); the keeping and use of patient records (“privacy rules”); and, storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care. Providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect the HIPAA law and regulations are extremely detailed and difficult to grasp if you don’t have formal legal training. My Patient Notification of Privacy Rights is my attempt to inform you of your rights in a simple yet comprehensive fashion. The information regarding HIPAA was taken directly from the Tennessee Department of Health Website. Please read this document as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship; and, as such, you will find I will do all I can to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do

not hesitate to ask me for further clarification. Since I do not file insurance, much of the information will not pertain to you. However, by law, I am required to secure your signature indicating you have received this Patient Notification of Privacy Rights document. Thank you for your thoughtful consideration of these matters.

I understand and have been provided a copy of Patient Notification of Privacy Rights document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgement

form.

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Print Name of Patient/Client

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Signature of Patient/Client *or* Parent if Minor *or* Legal Charge Date

Relationship to Patient/Client of Person Signing Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Legal Charge, describe representative authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information on HIPAA in Tennessee can be found at:

<http://health.state.tn.us/HIPAA/index.htm>

If you do not have access to a computer, please let me know and I will provide a copy for you.

**THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY**

**BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS**

**INFORMATION. PLEASE READ IT CAREFULLY.**

The following information is taken directly from the Tennessee Department of Health website. If you do not have access to a computer, please let me know and I will provide a copy for you.

**WHAT IS HIPAA?**

**HIPAA** is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information ad help the healthcare industry control administrative coasts.

**HIPAA** is divided into different titles or sections that address a unique aspect of health insurance reform. Two main sections are Title I dealing with Portability and Title II that focuses on Administrative Simplification.

**Portability**

This section allows individuals to carry their health insurance from one job to another so that they do not have a lapse in coverage. It also restricts health plans from requiring pre-existing conditions on individuals who switch from one health plan to another. The Tennessee Department of Commerce and Insurance can assist you if you have any questions regarding the portability of your health plan if you change jobs. You may call them at (615) 741-2218 or 1-800-342-4029 (inside Tennessee)

**Administrative Simplification**

This section is the establishment of a set of standards for receiving, transmitting and maintaining healthcare information and ensuring the privacy and security of individual identifiable information.

The **HIPAA** electronic data requirements are meant to encourage the health care industry to move the handing and transmission of patient information from manual to electronic systems in order to improve security, lower costs, and lower the error rate. However, the main focus on this page is the Privacy provisions of HIPAA.

**Privacy**

**HIPAA** provides for the protection of individually identifiable health information that is transmitted or maintained in any form or medium. The privacy rules affect the day-to-day business operations of all organizations that provide medical care and maintain personal health information.

**Who Must Comply?**

**HIPAA** requires the following entities to comply:

**Health Care Providers:**  Any provider of medical or other health Services that bills or is paid for healthcare in the normal course of business. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, services, assessment, or procedure with respect to the physical or mental condition, or functional status of an individual.
**Health Care Clearinghouse:** Businesses that process or facilitate the processing of health information received form other businesses. It includes groups such as physician and hospital billing services.
**Health Plans:** Individuals or group plans that provide or pay the cost of medical care and includes both Medicare and Medicaid programs.

**What Health Information is Protected?**

**HIPAA** protects an individual’s health information and his/her demographic information. This is called “protected health information” or “PHI”. Information meets the definition of PHI if, even without the patient’s name, if you look at certain information and you can tell who the person is then it is PHI. The PHI can relate to past, present or future physical or mental health of the individual. PHI describes a disease, diagnosis, procedure, prognosis, or condition of the individual and can exist in any medium – files, voice mail, email, fax, or verbal communications.

**HIPAA** defines information as protected health information if it contains the following information about the patient, the patient’s household members, or the patient’s employers:

* Names
* Dates relating to a patient , i.e. birthdates, dates of medical treatment, admission and discharge dates, and dates of death
* Telephone numbers, addresses (including city, county, or zip code) fax numbers and other contact information
* Social Security numbers
* Medical records numbers
* Photographs
* Finger and voice prints
* Any other unique identifying number

**WHAT ARE A PATIENT’S RIGHTS UNDER HIPAA’S PRIVACY STANDARDS?**

**HIPAA** stipulates the following patient’s right under its privacy rule:

* Patients have a right to receive a notice of the privacy practices of any health care provider health clearing house, or health plan.
* Patients have a right to see their PHI and get a copy.
* Patients have a right to request that changes be made to correct errors in their records or to add information that ha been omitted.
* Patients have a right to see a list of some of the disclosures that have been made of their PHI.
* Patients have a right to request that you give special treatment to their PHI.
* Patients have a right to request confidential communications.
* Patients have a right to complain.

A health provider can disclose an individual’s PHI without the patient’s authorization if the disclosure deals with treatment, payment, operations, or if the information is mandated by law. Otherwise, for most other uses, the patient will need to authorize the provider to make the disclosure.

**What Can a Patient Do if He Feels His HIPAA Rights Have Been Violated?**

A patient has the right to submit a complaint if he believes that the health provider has:

* Improperly used or disclosed their PHI
* Concerns about their HIPAA Privacy policies
* Concerns about the provider’s compliance of its privacy policies.

The patient may file the complaint with either of the following:

* The provider’s Chief  Privacy  Officer
* The US Department of Health and Human Services, Office of Civil Rights, [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)