

Finding Freedom Now, LLC

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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, and 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.

This document contains important information about my professional services and business policies. It also contains summary information about the [Health Insurance Portability and Accountability Act](#) (HIPAA), a federal law that provides privacy protections and [patient rights](#) about the use and disclosure of your [Protected Health Information](#) (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship, and, as such, you will find we make every effort to do what we 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 for further clarification.

By law, Finding Freedom Now is required to secure your signature indicating you have been given access to a copy of the Patient Notification of Privacy Rights document.

Patient Name (please print): _____

I have been provided with a copy of Finding Freedom Now’s Patient Notification of Privacy Rights document that 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 that this document may be printed from the website www.findingfreedomnow.com. I understand that I have a right to review this document before signing this form and that I may, at any time, ask questions about any of the matters discussed in this document. Signing below only indicates that I have read or will read a copy.

Patient Signature

Date

Parent Signature (if patient is a Minor)

Date

Guardian Signature (if patient is Legal Charge)

Date

Witness

Date