

HIPAA (Health Insurance Portability and Accountability Act) GUIDELINES

Notice of Policies and Practices to Protect the Privacy of Your Mental Health Information

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. A new federal law provides protections and new patient rights with regard to the use and disclosure of your protected health information. This practice is required to maintain the privacy of your health. Drug and Alcohol records are stricter than HIPAA guidelines. The practice is required to distribute any changes or revisions to the Privacy Notice prior to their implementation. The law protects the privacy of all communications between a patient and a therapist. In most situations, information can only be released to others if you sign a written authorization form.

Therapists may disclose your protected health information (PHI) for payment. The therapist must disclose information about you to your health insurer to obtain reimbursement for services rendered.

Therapists may disclose your protected health information outside of payment when your authorization is obtained in writing. You may revoke an authorization at any time in writing. You cannot however revoke an authorization to the insurance company that is dependent on reimbursement for services rendered.

The therapist may disclose protected health information without your consent or authorization in the following circumstances:

- Ohio state law requires a therapist to make sure that any child physical or sexual abuse or neglect be reported to Child Protective Services.

- Ohio State law requires elder abuse be reported to Adult Protective Services.

- Statements of harm to self or others are to be reported to the proper authorities or a family member for protection.

- In rare cases, a court order in a legal proceeding might require information to the court. Subpoenas however, require a signed release of information in order to be released to the court and/or an attorney.

- If you file for insurance reimbursement, your insurance company may inquire about your work here. I will provide no more information than is absolutely necessary and will be happy to discuss with you what is provided. Please be aware, though, that we cannot control how your insurance company uses information about you.

In order to return telephone calls or leave messages about appointment changes, I need your signature indicating your authorization. You can revoke this authorization by submitting a request in writing.

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Witness

Patient Rights HIPAA provides you with several new or expanded rights with regard to you clinical record and disclosures of protected health information.

- You have the right to request restriction on what information is disclosed to others.
- You have the right to request confidential communications by having information sent to an alternative address or alternative phone.
- You have the right to inspect and obtain a copy of your mental health record.
- You have the right to amend your protected health record.
- You have the right to receive an accounting of disclosures of protected health information.
- You have the right to have a complaint about the therapist's policies and procedures recorded in your record.

Your signature below indicates that you have read the information in this document.

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