

date. If you have given authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted while it was in effect, but will prohibit subsequent use and disclosures. I will assist you with the completion of this form as needed.

Legal Restrictions

Under the HIPAA Act, I am permitted to disclose information about your case without your authorization if I am required to provide evidence of compliance with HIPAA.

Client Rights Regarding PHI Under Federal Law

Access to Records

While records belong to me, you have the right to see your record and obtain copies of your health information. Only under very unusual circumstances, such as third party confidential information, will access be denied.

Amendments to your Record

You may request in writing amendments to your record; and you may request in writing to me restrictions on disclosure of parts of your record. This may apply if you find your record erroneous or incomplete; you may expect a reply within 60 days.

Disclosure Accounting

You have the right to receive a history of disclosures of your protected health information that have been made by me, and may make a written request for disclosure accounting. This applies to disclosures other than for treatment, payment, normal operations, or prior to implementation date of this policy.

Alternative Communication

You may make a written request that I provide health information in a format other than photocopies, and to another location. Please identify the alternative means or location in your written request.

Psychotherapy Notes

Client records may include the following information: reasons for seeking counseling; a description of the issues you are dealing with and how they affect your life; a diagnosis (if needed); goals set for therapy; a personal history; past treatment records (if available); reports of consultation or supervision; and notes regarding telephone contacts. This record may be used and disclosed as noted above.

"Psychotherapy notes" are defined as "notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session, and that are separated from the rest of the record". These notes are intended for the counselor's own use; they may contain contents of conversations, an analysis of those conversations, and sensitive information. None of this latter information is permitted to be shared without your authorization.

Questions and Concerns

If you want more information about your privacy rights, or have questions or concerns about them, please contact me.

If you: are concerned that your rights have been violated; disagree with a decision made about access to your health information; are dissatisfied in response to a request you made to amend or restrict the use or disclosure of your health information; want me to communicate about your records by alternative means or to alternative locations, you may formally make a complaint to me at my address listed above. You may also send a written complaint to the U.S. Department of Health and Human Services. I will provide you with the address on request so that you may file the complaint.