

Notice of Policies and Practices for Protection of Client Health Information

Legal Duty

As a health provider, I am required by the United States Department of Health and Human Services to comply with the newly established standards for the protection of client privacy via the Health Insurance Portability and Accountability Act (HIPAA), instituted in 2003. This is your notice about my privacy practices, legal duties and your privacy rights regarding your health information in compliance with those standards.

This notice informs you of the likely uses and disclosures of your Protected Health Information during the time you are a client of mine. You will be informed of any lawfully permitted changes as they occur. These privacy practices take effect September 15, 2003, will remain in effect until further notice, and are not retroactive. *Please review this notice carefully, all clients will be asked to sign that they have received this notice.*

Uses and Disclosure of health Information

This notice describes how medical information about you may be used, how it is maintained, how it may be disclosed, and how you may get access to this information.

Protected health Information:

Protected information is identifiable information relating to any client, the client's health, mental health, treatment, and payment in the course of business operations. It is intended that protected health information never be shared inappropriately, especially including any electronic transmissions.

Client files are only accessible to me. Information contained in the files can only be shared with other professional health providers with whom I may need to consult. Client information may also be shared with others in the course of business operations, such as insurance companies. For routine disclosures like these, it is required that you sign an authorization form that shows your agreement to such disclosures. Typically, the information disclosed is limited to the minimum amount of information necessary to accomplish the task.

Treatment:

I may use or disclose health information to an insurance company or other entity for business operations, and I require the signed authorization from you for this routine purpose.

Payment:

I consider that use or disclosure of your health information to obtain payment for services that have been provided to you to be part of routine disclosure.

Healthcare Operations:

The use or disclosure of your health information in connection with healthcare operations, including supervision review and /or professional consultation, and office operations, is also considered routine disclosure.

Your Authorization:

- 1) Routine disclosures include the items noted above, i.e., information about client health, mental health, treatment, and payment that is required in the pursuit of normal business operations. An authorization form serves to provide documentation that proper compliance with privacy policies has been obtained.
- 2) You may, however, give informed written, signed consent to use your health information or disclose it to anyone for any purpose. This Consent to Release of Information form must be specific in identifying who is giving information, who is receiving information, a description of the information intended to be shared, an expiration date, description of your right to revoke, and your signature and