

*Counseling Services : Earnest Ford, MC, LPC*

*890 W. Elliot Rd. Ste. 101, Gilbert, AZ 85234/Phone: (Office) 480-507-3340 ext.1 Fax: 480-507-3317*

*email: thegrp09@yahoo.com*

## Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices for Protected Health Information

This notice describes how information about you as a client of this practice may be used and disclosed and how you can obtain access to this information. Health care providers are required by a federal regulation, the HIPAA Privacy Rule, to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices. This office will not use or disclose your health information except as described in the Notice. My practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of (1) treatment, (2) payment, and (3) healthcare operations. Protected health information is the information we create and obtain in providing our services to you. The health information about you is

documented in a chart and on a computer. Such information may include documenting your symptoms, medical history, evaluation, test results, diagnoses, treatment, audio recordings, and applying for future care or treatment. It also includes billing documents for those services. Our office is also permitted to use or disclose health information in the following instances:

- 1) Appointment reminders and/or appointment changes.
- 2) Release of information to family or friends who are closely involved in your care.
- 3) Disclosure of information when required to do so by Federal, State, or local law.

**CONFIDENTIAL COMMUNICATIONS:** You may request that our Practice communicate with you in a particular manner or at a certain location. For example, you may ask that I contact you at home rather than at work. I will accommodate reasonable requests.

**RESTRICTIONS:** You may request a restriction in our disclosure of your health information for treatment, payment, or our healthcare operations. You may request a restriction to only certain individuals involved in your care, such as family members and friends. I am not required to agree to your request. You must include the information you wish to restrict, whether you are requesting to limit use, disclosure or both and to whom you want the restrictions to apply.

**INSPECTION AND COPIES OF RECORDS:** Psychotherapy records are excluded from the right of the client to access his/her health information. Copies of records can be sent with the written consent of the client to another therapist, doctor or attorney within

fourteen days of receiving the request. Unclaimed records will be destroyed with full protection of identity seven years after the last face to face visit. The mailing address on record will be used to notify clients if the location of medical records should change, after which the client will have 90 days to respond.

**AMENDMENT:** You may request an amendment to your health information if you believe it is incorrect or incomplete. Such a request must be made on a form provided by the office. You must provide a reason for your request. We may deny your request.

**ACCOUNTING OF DISCLOSURES:** This is a listing of certain, non-routine disclosure of your information not for treatment, payment or operations purposes, disclosures made at your request, pursuant to an authorization signed by you, disclosure to family members or friends relevant to that person's involvement in your care or in payment for such care. You have the right to review this Notice before signing the acknowledgement authorizing use and disclosure of your protected health information for treatment, payment, and healthcare operations purposes.

**My Responsibilities:** The office is required to maintain the privacy of your health information as required by law; to provide you with this notice as to our privacy practices as to the information I collect and maintain about you, to abide by the terms of this Notice, to notify you if I cannot accommodate a request, and accommodate reasonable requests regarding methods to communicate health information about you.

I reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protect health information. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by request.

#### **HIPAA Exceptions to Confidentiality Rules**

*The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was initially enacted to ensure that a person's health insurance coverage remained protected if that person changed jobs. In 1999, Congress added HIPAA's Privacy Rule to the legislation to protect a patient's health information. Generally, a person's health information is confidential; there are, however, exceptions.*

#### **Laws May Authorize Disclosure**

- If a state or federal law authorizes medical disclosures, then the HIPAA privacy rule does not apply. Common examples of laws are legal process rules such as a subpoena or court-ordered disclosure. For instance, if paternity of a child is contested and a man is refusing to pay child support, a court may order that the man's medical record containing genetic information be disclosed to determine the paternity of the child.

#### **Disclosure for Public Safety Reasons**

- In 2009, many people in countries across the world were stricken with the H1N1 virus, a deadly flu virus. Health care professionals in the United States would be authorized to disclose health information of persons infected with H1N1 to public health authorities to control the disease. The HIPAA Privacy Rule, therefore, does

not protect a person's health information when the person has a communicable disease or if the person's health must be disclosed for public safety reasons.

Other public safety reasons include \* when a health professional believes that the person whose health information is at issue may harm themselves or may harm someone else. Verified threats to commit suicide or to harm another person give rise to an exception to the HIPAA Privacy Rule.\* This way, health care professionals can report incidents to the proper authorities and hopefully prevent harm from happening.

### **Certain "Administrative" Disclosures Allowed**

- "Administrative" disclosures are disclosures made to various agencies such as collection agencies when medical bills are unpaid or the U.S. Department of Veteran Affairs so that the agency can determine a veteran's eligibility for benefits. Other agencies, such as health oversight agencies, may have access to health information for audit and investigative reasons. Additionally, funeral directors, coroners, medical examiners and certain researchers who have institutional board review approval can access health records

### **ADDITIONAL EXCEPTIONS INCLUDE:**

**Victims of a crime:** Health care entities may also provide law enforcement officials with an individual's protected health information if the individual is a suspected victim of a crime. In such cases, covered entities can only disclose information if 1) the individual agrees to disclosure, or 2) the covered entity cannot obtain the individual's agreement because of incapacity or an emergency.<sup>11</sup> In cases of incapacity or emergency, it is necessary that 1) the law enforcement official represents that such information is needed to determine whether a crime was committed by someone other than the individual and will not be used against the victim, 2) the law enforcement official represents that law enforcement activity depends on disclosure and would be materially affected by waiting for the individual's consent, and 3) the covered entity, while exercising professional judgment, determines that disclosure is in the best interest of the individual.

### **ACKNOWLEDGMENT:**

I hereby acknowledge that I have reviewed with my therapist the “Notice of Privacy Practices For Protected Health Information HIPAA , as well as the exceptions to confidentiality rules for the counseling practices of Counseling Services , Earnest Ford, MC, LPC. By signing below, I acknowledge understanding of confidentiality, protected health information, duty to warn and safety planning , and any exceptions to confidentiality such as mandated reporting. I also agree that any questions that I asked regarding this law were answered to my satisfaction. Please note, during this discussion or subsequent sessions, if self-harm or threats toward others are presented, mentioned, etc, I will be afforded the opportunity to discuss and sign a “no harm contract.” My cooperation is expected in this matter.

However, refusal to sign this contract could result in my therapist contacting the proper authorities for reasons of safety.

**CLIENT:**

Print Name: x \_\_\_\_\_

Sign Name: \_x \_\_\_\_\_ Date Reviewed \_x \_\_\_\_\_

**OTHER PARTIES PRESENT**

Relationship to above client:

Print Name: x \_\_\_\_\_

Sign Name: \_x \_\_\_\_\_ Date Reviewed \_x \_\_\_\_\_

**Therapist**

Print Name: x \_\_\_\_\_ Earnest Ford, LPC \_\_\_\_\_

Sign Name: \_x \_\_\_\_\_ *Earnest Ford,* LPC Date: \_\_\_\_\_