



Patient Services Agreement – HIPAA

This document contains important information about our policies regarding privacy protection, use and disclosure of your Protected Health information (PHI). These policies are in accord with the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, we are required to provide you with this information. By signing our New Patient Registration form, you acknowledge receipt of this information. We will gladly provide a copy of this form on request. We are required by law to maintain privacy of PHI and provide you with this notice of legal duties and privacy policies.

Limits on Confidentiality

The law protects the privacy and confidentiality of the communication between a patient and the patient's clinician. In most instances we can release information about you (or your child) only with your written authorization. There are a few exceptions to confidentiality and situations in which information may be released without authorization or consent. Parents hold confidentiality rights of children under the age of 18 (who are not emancipated). For the sake of clarity, "you" also refers to your child if you are receiving services for your child. In divorce situations, both parents have equal access to their child's records, even if one parent has sole legal custody.

Under HIPAA, use or disclosure of your PHI for purposes of treatment, payment, or health care operations requires your consent. Your signature on our New Patient Registration form provides consent for those situations. Treatment refers to services we provide which may elicit personal information from or about you through interview, testing, documentation, or consultation with other clinicians intended to serve your health care needs. We are mandated by law to report to the appropriate agencies suspected neglect or abuse of children under age 18, individuals with physical or mental disabilities, or elders. If you or your child appear to be at clear or immediate risk of self-harm or harming an identified person, we must take reasonable precautions to ensure safety. These precautions may include warning a potential victim, notification of law enforcement, or arranging for hospitalization. These precautions may involve disclosure of PHI without your consent or authorization, which is permitted by law in these circumstances. The Board of Registration of Psychologists has the power to subpoena relevant records when necessary should your clinician be the focus of an inquiry. If you are involved in court proceedings, unless there is a court order, written authorization is required from you or your legal representative in order for us to release information. If your evaluation is court-ordered, or there is a court order for it, we are required to release PHI.

Patient Rights and Clinician Duties

You have the right to request restrictions on disclosure of your PHI. We are not required to agree to a restriction your request but will make very effort to do so, within the legal limits and exceptions of confidentiality. You have the right to request the location at which you receive communications involving PHI, such as an alternative address or phone number. You have the right to request in writing to examine and/or receive a copy of your records, unless we determine that access would be a danger to you. In that situation, you have the right to a summary of the record and can request that your record be sent to another mental health provider or your attorney. You have the right to request an amendment to your record. We may deny your request, but can document your concerns in the record. Your rights include requesting an accounting of disclosures of PHI for which you have provided neither consent nor authorization.

Patient: _____ Date: _____