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| **Notice of Privacy Practices** |

**Effective Date: May 1, 2012**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Allowable Use of Private information:

All information will be kept confidential except for reasons of legal or ethical obligation. The only exceptions will be if you give written permission to disclose information and/or for purposes of business operations. An example of business operations would be collecting payment for treatment.

Duty:

I have a duty to protect your private information. Reasonable steps to protect your privacy are implemented with electronic and paper copies containing personal information. Such steps include; (1) Encryption of information passed electronically, when possible; (2) Password protection of information that is stored electronically; (3) Security of all private information by lock and key; (4) When possible multiple steps will be take simultaneously.

Client rights:

1. To expect that I have met the minimal qualifications of training and experience required by state law;
2. To examine public records maintained by the Board and to have the Board confirm credentials of licensee;
3. To obtain a copy of the Code of Ethics;
4. To report complaints to the Board;
5. To be informed of the cost of professional services before receiving the services;
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
   1. Report suspected child abuse;
   2. Reporting imminent danger to client or others;
   3. Reporting information required in court proceedings or other relevant agencies;
   4. Providing information concerning intern case consultation or supervision;
7. To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Department of Health and Human Services within 180 days of when you know or should know there to be a violation at:

Office for Civil Rights

Department of Health and Human Services

Attn: Patient Safety Act

200 Independence Ave., SW, Rm. 509F

Washington DC 20201

(202) 619-0403

TDD 1-800-537-7697

FAX: (202) 619-3818

<http://hhs.gov/ocr/privacy/psa/complaint/index.html>

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of patient information, provide for the electronic and physical security of health and patient medical information, and simplify billing and other electronic transactions by standardized codes and procedures. A piece of this law recently took effect and is known as HIPAA Privacy Rule. The HIPAA Privacy Rule creates a minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health care organizations. One of the requirements of the Privacy Rule is that we give to you a Notice of Privacy Practices (NPP) which describes your rights and protections regarding your health care records (PHI). This document is included as part of the intake process and will need to be completed prior to or during your initial appointment.

As always, I remain committed to maintaining your confidentiality and the privacy of psychological, counseling, and therapy records and will continue to adhere to ethical guidelines as well as state and federal law.

If you have questions about the NPP or HIPAA regulations, please let me know.

My signature below indicates that I have been given a copy of the Notice of Privacy Practices as required by the Health Insurance Portability and Accountability Act of 1996.

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Client Date