



HIPAA Client Services Agreement

This document contains important information about my professional 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, I am required to provide you with this information and obtain your signature acknowledging that I have given you this information. By signing your Treatment Policies form, you acknowledge having received this information. I am happy to provide additional copies of this document to you at your request.

Limits on Confidentiality

The law protects the privacy and confidentiality of all communication between a client and the client's mental health professional. In most circumstances I can release information about you only with your written authorization. There are a few exceptions to confidentiality and situations in which information may be released without authorization or consent.

Under HIPAA, use or disclosure of your PHI for the purposes of treatment, payment, or health care operations, requires only your consent. Your signature on the treatment policies form provides consent for those situations. Treatment refers to services I provide which may include eliciting personal information from you or about you through interview, testing, documentation, or consultation with other clinicians intended to serve your health care needs. I am mandated by law to report to the appropriate agencies suspected neglect or abuse of children under age 18, individuals with mental or physical disabilities, or elders. I may be required to provide additional information once I have made such a report. If you appear to be at clear or immediate risk of self-harm or of harming an identified person, I must take reasonable precautions to insure 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 under the law in these circumstances. If you file a Worker's Compensation claim, your records relevant to that claim can be requested and provided to your employer, insurer, or the Department of Worker's Compensation. The Board of Social Work has the power to subpoena relevant records when necessary, should I be the focus of an inquiry. If you are involved in court proceedings, unless there is a court order, your written authorization is required from you or your legal representative in order for me to release information. If your evaluation is court-ordered, or there is a court order for your information, I am obligated to release your information.

Client Rights and Mental Health Professional's Duties

You have the right to request restrictions on the disclosure of your PHI. I am not required to agree to a restriction you request but will make every 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, as in 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 I determine that access would be a danger to you. In that situation, you have the right to a summary of the record and you can request that your record be sent to another mental health provider or to your attorney. You have the right to request an amendment to your record. I 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.

I am required by law to maintain privacy of PHI and provide you with this notice of my legal duties and privacy policies.