

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)

This refers to a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and healthcare. HIPPA requires that I provide you with a Notice of Privacy Practices for use and disclosure of Protected Health Information (PHI) for treatment, payment, and healthcare operations. The law requires that I obtain your signature acknowledging that I have provided you these disclosures at the end of the initial session. A description of the circumstances in which I may disclose information is provided to you. Please review it carefully so you understand fully what confidentiality does and does not mean in the therapeutic relationship. I am happy to discuss any of these rights with you.

NOTICE OF PRIVACY PRACTICES

With your signature on the authorization form I provide, I may disclose information in the following situations:

1. Consultation with other health and mental health professionals
2. A formal business association with a bookkeeper, who is under obligation to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law
3. Disclosures required by health insurers
4. Disclosures required in collecting overdue fees. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means (e.g., small claims court) to secure the payment. This requires me to disclose otherwise confidential information. If legal action is necessary, costs are included in the claim.
5. Court proceedings (as discussed elsewhere in this document) Government Agency requests for information in health oversight activities
6. Court proceedings (as discussed elsewhere in this document) Government Agency requests for information in health oversight activities regarding the patient in order to defend myself.)
7. Patient-initiated complaint or lawsuit against me (I may disclose relevant information
8. Patient-initiated worker's compensation claim and the services I am providing are relevant to the injury for which the claim was made. I must, upon appropriate request, provide a copy of the patient's record to the patient's employer and the Department of Labor and Industries.

9. If I have reasonable cause to believe a child has suffered abuse or neglect, the law requires that I file a report with the appropriate government agency, usually Child Protective Services (CPS). Once such a report is filed, I may be required to provide additional information.

10. If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the law requires that I file a report with the appropriate government agency, usually the Department of Social and Health Services. Once such a report is filed, I may be required to provide additional information.

11. If I reasonably believe there is imminent danger to the health or safety of the patient or any other individual.

EXPANDED CLINICAL RECORDS RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of Protected Health Information (PHI). These rights include:

1. Requesting that I amend your record
2. Requesting restrictions on what information from your Clinical Record is disclosed to others
3. Requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized
4. Determining the location to which protected information disclosures are sent
5. Having any complaints you make about my policies and procedures recorded in your records
6. The right to a paper copy of your signed Agreement, the attached Notice form, and my privacy policy and procedures
7. If any unauthorized breach of patient information is discovered, you will be notified immediately.

ELECTRONIC COMMUNICATION

Based on the new HIPAA Guidelines, I am now including the following information about the use of cell phones and emails for communication. Please know that I take every precaution to be careful with my cell phone and computer. However, it is important that you know the potential risks involved with confidentiality when using these devices.

Cell phone communication: Please note that if we communicate via my cell phone, your phone number will be stored in the phone's memory for a period of time and therefore, if my cell phone is lost or stolen, it is theoretically possible that your contact information might be accessed. Note that my cell phone and laptop are password protected and kept either with me or locked away, providing two lines of defense against such a breach.

Email communication: If you elect to communicate with me via email, please be aware that email is not a secure form of communication and therefore not guaranteed to be confidential. All emails are retained in the logs of your and/or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

Therefore, I utilize email as a means of communicating regarding non-patient specific information (e.g., scheduling, payment, etc.), with the exception of testing reports, which can be transmitted via email with a password. Any email I receive from you, and any responses that I send to you, will be considered part of your treatment record.

Please be aware that I regularly access email communications via my password-protected cell phone and laptop. It is theoretically possible that if my cell phone or laptop is lost or stolen and the password is somehow circumvented, our email communications could be accessed.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.