

# ☞ RENEWAL CENTERS HIPAA NOTICE ☞

## (FEDERAL LAW)

### INTRODUCTION

This agreement contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of a patient's Protected Health Information (PHI), used for the purpose of treatment, payment and health care. The Federal Law requires that Renewal obtain each patient's signature acknowledging that we have provided him/her with this information.

### PROTECTED HEALTH INFORMATION (PHI)

PHI includes any information – oral, recorded, written or sent electronically – about a person's physical or mental health, services rendered, or payment for those services, including all personal information connecting the patient to their records. This information can only be used or disclosed if the patient signs a written authorization. There are other situations that require only that the patient provide written, advanced consent. A patient's signature on this agreement provides consent for those activities, as follows:

### PROFESSIONAL RECORDS

The law and standards of the counseling profession require that Protected Health Information about a patient be kept in their Clinical Record. Except in unusual circumstances that involve danger to one's self and/or others or where information has been supplied to confidentiality by others, the patient may examine and/or receive a copy of their Clinical Record if they request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that the patient initially view their Clinical Record in the presence of their counselor or have them forwarded to another mental health professional so they can discuss the contents. In most situations, a medical records fee of \$35 will be charged. If a counselor refuses their patient's request for access to their records, the patient has a right of review.

### PATIENT RIGHTS

HIPAA provides the patient with several new or expanded rights with regard to their Clinical Record and disclosure of Protected Health Information. These rights include requesting that their record be amended, requesting restriction on what information from their Clinical Record is disclosed to others, requesting an accounting of most disclosures of Protected Health Information that the patient has neither consented to nor authorized, determining the location to which protected information disclosures are sent, having any complaints the patient may make about a counselor's policies and procedures recorded in their records, and the right to a paper copy of this agreement, the attached notice form and the counselor's privacy policies and procedures. The counselor will discuss any of these rights with their patients.

### MINORS AND PARENTS

Patients under 18 years of age, who are not emancipated, and their parents should be aware the law may allow parents to examine their child's records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes the counselor's policy to request an agreement from parents that they consent to give up access to their child's records. If they agree, during treatment the counselor will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. The counselor will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless the counselor feels that the child is in danger or is a danger to someone else, in which case the counselor will notify the parents of the concern. Before giving parents information, the counselor will discuss the matter with the child, if possible, and do his/her best to handle any objections the child may have.

### LIMITS ON CONFIDENTIALITY

- A counselor may occasionally find it helpful to consult with other health and mental professionals about a case. During a consultation, every effort will be made to avoid revealing the identity of a patient. The other professionals are also legally bound to keep the information confidential. If the patient does not object, the counselor will not tell him/her about these consultations unless the counselor feels that it is important. The counselor will note all consultations in the patient's Clinical Report.
- If a government agency is requesting information for health oversight activities, a counselor may be required to provide it for them.

- If a patient files a complaint or a lawsuit against a counselor, relevant information regarding that patient may be disclosed in order to defend against the suit or complaint.
- If a patient files a worker's compensation claim and a counselor is providing services related to that claim, the counselor must, upon appropriate request, provide appropriate reports to the Worker's Compensation Commission or the insurer.

There are some situations in which the counselor is obligated to take actions, which are necessary to attempt to protect others from harm. If so, the counselor may have to reveal some information about a patient's treatment, however, these situations rarely occur.

- If a counselor believes that a child under 18 who has been examined is or has been the victim of injury, sexual abuse, neglect, or deprivation of necessary medical treatment, the law requires that a report with the appropriate government agency, usually the Child Protective Services, be filed. Once such a report is filed, the counselor may be required to provide additional information.
- If the counselor believes that any adult patient who is either vulnerable and/or incapacitated has been the victim of abuse, neglect, or financial exploitation, the law requires that a report with the appropriate state official, usually a protective service worker, be filed. Once such a report is filed, the counselor may be required to provide additional information.
- If a patient communicates an explicit threat of imminent, serious or physical harm, to a clearly identified or identifiable victim, and the counselor believes that the patient has the intent and ability to carry out such a threat, the counselor must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient threatens to harm him/herself the counselor may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- If the patient is involved in a court proceeding and a request is made for information concerning the professional services provided to them, such information is protected by the counselor-patient privilege law. A counselor cannot provide any information without the patient or their legal representative's written authorization, or a court order. If the patient is involved in or contemplating litigation, he/she should consult with their attorney to determine whether a court would be likely to order such disclosure.

If such a situation arises, the counselor will make every effort to fully discuss it with their patient before taking any action and will limit any disclosure to only what is necessary.

While this written summary of exceptions to the confidentiality should prove helpful in informing the patient about potential problems, it is important that any questions or concerns that the patient may have now or in the future be discussed. The laws governing confidentiality can be quite complex. In any situations where specific advice is required, formal legal advice may be needed.

I have read the HIPAA Notice Form and understand and agree to the stated terms and authorize treatment. Your signature indicates that you have read and received a copy of the HIPAA Notice Form, if you have requested it.

\_\_\_\_\_  
Client's Name (Printed)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Name (Printed)

\_\_\_\_\_  
Parent/Legal Guardian's Signature  
(If Applicable)

\_\_\_\_\_  
Date