

NOTICE OF PRIVACY PRACTICES

(Health Insurance Portability and Accountability Act Provisions; HIPAA)

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.

Protecting your privacy

As a health care professional, I am dedicated to maintaining the privacy of your personal health information. The security of psychological records has continuously been addressed by Psychology Codes of Ethics as well as State and Federal laws, and the rules have been considerably strengthened by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). The following information provides details about the provisions of the HIPAA and your rights concerning privacy and your psychological records.

You have the following rights regarding your medical information:

The right to inspect and obtain a copy of your medical record

Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your consultations are documented in two ways: 1) The *clinical record* (required) may include the date of your consultations, your reasons for seeking therapy, diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, as well as any reports to your insurance carrier; 2) *Psychotherapy notes* (optional), consisting of the specific content or analyses of therapy conversations, how they impact the therapy (including sensitive information that you may reveal that is not required to be included in your clinical record), and notes of your therapist that may assist in treatment.

You have the right to inspect and obtain a copy of your *clinical record*. Viewing the record is best done during a professional consultation in order to clarify any questions that you might have at the time. If you request a copy of your clinical record, I will provide it and charge you for my time (\$100/hr pro-rated) and copying (\$.10/sheet). *Psychotherapy notes*, however, if they are created, are not disclosed to third parties, HMOs, insurance companies, billing agencies, clients, or anyone else. They are for the use of a treating therapist in tracking the many details of the consultations that are too specific to be entered into the clinical record.

The right to request a correction or add an addendum to your psychological record

If you believe that there is an inaccuracy in your clinical record you may request a correction. If the information is accurate, however, or if it has been provided by a third party (e.g., previous therapist, physician), it may remain unchanged, and the request may be denied. In this case you will receive an explanation in writing with a full description of the rationale. You also have the right to make an addition to your record if you think it is incomplete.

The right to an accounting of disclosures of your psychological information to third parties

You have the right to know if, when, and to whom your psychological information has been disclosed (exclusive of treatment, payment, and health care operations). However, you likely would already be aware of this, as you would have signed consent forms allowing such disclosures (e.g., disclosures to other psychotherapists, primary care physicians, specialists, etc.).

The right to request restrictions on how your information is used

You have the right to request restrictions on certain uses or disclosures of your psychological information. These requests must be in writing. These requests will most likely be honored, although in some cases they may be denied.

This office does not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, healthcare operations, and other exceptions specified in this notice.

The right to request confidential communications

You have the right to request that your therapist communicate with you about your treatment in a certain way or at a certain location. For example, you may prefer to be contacted at work instead of at home to schedule or cancel an appointment, or you may wish to receive billing statements at a post office box rather than your home address.

The right to receive a copy of this notice upon request

You have the right to have a copy of this Notice of Privacy Practices. If I make changes to this notice, I will disclose those changes for your review.

The right to file a complaint

You have the right to file a complaint if you believe your privacy rights have been violated. You must do so in writing. Your complaint may be addressed directly to me or to the Secretary of the Department of Health and Human Services (www.hhs.gov). Filing a complaint will not change the healthcare I provide you.

How I May Use and Disclose Psychological Information about You**For treatment**

I will use psychological information about you to assist in the continuity of treatment and services. This information will not be shared with other health care professionals, however, unless you specifically request or agree to it and sign a consent form to that effect.

For payment

I may use and disclose psychological information about you for billing purposes. This is generally restricted to your name and other personal identifiers (address, and other relevant information such as social security number or Medicare number, or other needed information), diagnostic and treatment codes, dates of services, and similar information.

For health care operations

I may share basic identifying information with an administrative assistant or other office staff to assist in scheduling or other treatment procedures. This would not normally include the contents of your psychological record.

As required by law

It is possible (but unlikely) that the Department of Health and Human Services may review how I comply with the regulations of HIPAA. In such a case, your personal health information could be revealed as a part of providing evidence of compliance.

Business associates

I may contract with a billing agency or attorneys to attend to business aspects on an as-needed basis. In this case, there will be a written contract in place with the agency requiring that it maintain the security of your information, in compliance with the rules of HIPAA.

**RECEIPT AND ACKNOWLEDGEMENT
OF NOTICE OF PRIVACY PRACTICES**

Please read my Notice of Privacy Practices before you read and sign this form. The Notice of Privacy Practices explains my practice related to safeguarding the privacy of your health information, how I use or disclose it, and how you can see it. If you do not agree to these privacy practices, many of which are required by law, I cannot treat you.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices of Debbi Molnar, LMFT, LPCC.

I understand that if I have any questions regarding this notice or my privacy rights, I can contact Debbi Molnar.

I agree to accept the terms. I consent to services being provided.

I refuse to accept the terms. I understand you cannot provide services as a result.

After you have signed this form, you have the right to revoke it at any time by writing a letter telling me you no longer accept the terms, and I will comply with your wishes about using or sharing your information from that time on unless I am required to do so by law or to the extent that I may already have used or shared some of your information.

Client Signature _____ Date _____

Signature of Responsible Party _____ Date _____

Relationship to Client _____

Therapist Signature _____ Date _____