

Kairos Counseling Services

610.995.2800

CLIENT ACKNOWLEDGMENT OF PRIVACY NOTICE

Pursuant to HIPAA, it is necessary to acknowledge having received and reviewed a “**Notice of Policies and Practices to Protect the Privacy of your Health Information**” from your therapist, prior to receiving counseling services.

Client Name(s) - *Print*

Clients Signature(s) - *(or Responsible Party if client is a minor)*

DATE

NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

You are valued as a client, and protecting your privacy is important. Records are kept by your therapist that contain health information about their clients pertaining to services provided to them. Your therapist is an independent provider of health care services, and responsible for making adequate provisions to safeguard your Protected Health Information (PHI). PHI is information that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health condition. It includes the provision of health care to you, and payment for that care.

Except in an emergency or other special circumstance, your therapist may use and disclose your PHI for the purpose of treatment, payment, or health care only with your written authorization. To understand when your PHI may be disclosed without your written consent, please read the following:

USES AND DISCLOSURES OF YOUR PHI FOR WHICH NEITHER CONSENT NOR WRITTEN AUTHORIZATION IS REQUIRED

1. Reporting child abuse and neglect to public health or other government authorized by law to receive such reports;
2. If your therapist believes you are a victim of adult abuse, neglect, or domestic violence, they may disclose your PHI to a governmental authority, including social service or protective services agencies, authorized by law to receive reports of such abuse, neglect or domestic violence;
3. If your therapist believes you intend to harm yourself, they may disclose your PHI to a governmental authority, including social services or protective services agencies, authorized by law to receive reports of such behavior;
4. If your therapist believes you pose a serious and imminent threat to the safety of a readily identified person or group of people, they may disclose your PHI to a governmental authority, including social services or protective services agencies, authorized by law to receive reports of such behavior. This also may include directly advising the potential victim of the threat or intent.

LEGAL PROCEEDINGS

Information concerning the provision of psychotherapy services or record thereof is usually regarded as privileged under state law. As such, this information will not be released without your written consent except in response to a court order.

WORKERS' COMPENSATION

Your therapist may disclose your PHI as authorized by state law relating to workers' compensation or other similar government programs.

PAYMENT

Your therapist may use and disclose your PHI to obtain payment for services provided to you, such as when disclosing your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage.

HIGHLY CONFIDENTIAL INFORMATION

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes PHI:

1. maintained in psychotherapy notes, recorded in any manner by your therapist, that are separated from the rest of your medical records and accorded a higher degree of privacy;
2. documenting mental health and developmental disabilities services;
3. relating to drug and alcohol abuse, prevention, treatment, and referral;
4. relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases. Generally your therapist will not release this information without your written authority; however, there are limited circumstances under the law when this information may be released without your consent.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You may request to see and receive copies of your medical and billing records from your therapist. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may be inaccessible to you (for example, as specified by state or federal law or when a parent or legal guardian has previously agreed to a confidentiality agreement limiting access).

If your therapist denies your request for access to your PHI, he or she will explain why and what your rights are, including how to seek review of her or his decision to deny access.

Clients do not have the right to:

1. inspect or copy psychotherapy notes;
2. information compiled in reasonable anticipation of, or for use in legal proceedings.

You have the right to request in writing that your therapist place additional restrictions on his/her use or disclosure of your PHI. Your therapist is not required to agree to your request. However, if he/she does agree, such agreement will be bound by this agreement except where required by law, in emergencies, or when information is necessary to treat you.

You may request a record of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to your request. However, your therapist is not required to give you a record of disclosures that occurred before April 14, 2003.

RIGHT TO CHANGE TERMS OF THIS NOTICE

Revisions may be made to the terms of this Notice at any time. If the Notice is changed, an updated copy will be available from your therapist.