

HIPPA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years.

What is this all about: Specifically there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. All psychological records of our sessions are maintained securely in your electronic file and only I, or someone with special permission, has access to your records, PHI and other documents or information.
2. In order to contact you and send you the online link for any zoom.us session, or other messages, I may contact you by telephone, text, or email, or by any means convenient and requested by you. We may send you other communications informing you of changes to office policy, a need to change appointment date or other information you may find valuable or informative.
3. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor/psychologist.
4. Your confidential information will not be used for purposes of marketing or advertising of products, goods or services.
5. We agree to provide patients with access to their records in accordance with state and federal laws.
6. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.
7. Due to the COVID-19 and client safety, all sessions will be held on Zoom. Your phone and email will be requested so that a zoom link can be emailed/texted to you before our meetings. Please make sure the sessions can be held protecting your confidentiality.

I, _____ date _____ do hereby
**consent and acknowledge my agreement to the terms set forth in the HIPPA INFORMATION FORM
and any subsequent changes in office policy. I understand that this consent shall remain in force from
this time forward.**