

## **CLIENT SERVICES AGREEMENT (HIPAA)**

This document contains important information about our professional policies regarding privacy protection, use, and disclosure of your Protected Health Information (PHI). These policies are in accord with the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, we are required to provide you with this information and obtain your signature acknowledging we have provided you with this information. By signing your Client Registration Form, you acknowledge having received this information. We are happy to provide a copy of this document if requested.

### **Limits on Confidentiality**

The law protects the privacy and confidentiality of all communication between a client and the client's clinician's. In most circumstances we can release information about you (or your child) only with your written authorization. There are a few exceptions to confidentiality and situations in which information may be released without authorization or consent. Parents hold confidentiality rights of children under the age of 18 who are not emancipated. For the sake of clarity, "you" also refers to your child if you are here receiving services for your child. In divorce situations, both parents have equal access to their client's records, even if one parent has sole legal custody.

Under HIPAA, use of disclosure of your PHI for the purposes of treatment, payment, or health care operations, requires your consent. Your signature on the client registration form provides consent for those situations. Treatment refers to services we provide which may include eliciting personal information from you or about you through interview, testing, documentation, or consultation with other clinicians intended to serve your health care needs. We are mandated by law to report to the appropriate agencies suspected neglect or abuse of children under age 18, individuals with mental or physical disabilities, or elders. We may be required to provide additional information once making such a report. If you (or your child) appear to be at clear or immediate risk of self-harm or harming an identified person, we must take reasonable precautions to insure safety. These precautions may include warning a potential victim, notification of law enforcement, or arranging for hospitalization. These precautions may involve disclosure of PHI without your consent or authorization, which is permitted under the law in these circumstances. If you file a Worker's Compensation claim, your records relevant to that claim can be requested and provided to your employer, insurer, or the Department of Worker's Compensation. The Board of Registration of Psychologists and the Board of Registration of Medicine have the power to subpoena relevant records when necessary, should your clinician be the focus of an inquiry. If you are involved in court proceedings, unless there is a court order, your written authorization is required from you or your legal representative in order for us to release information. If your evaluation is court-ordered, or there is a court order for your information, we are obligated to release your information.

### **Client Rights and Clinician's Duties**

You have the right to request restrictions on the disclosure of your PHI. We are not required to agree to a restriction you request but will make every effort to do so, within the legal limits and exceptions of confidentiality. You have the right to request the location at which you receive communications involving PHI, as in an alternative address or phone number. You have the right to request in writing to examine and/or receive a copy of your records, unless we determine that access would be a danger to you. In that situation, you have the right to a summary of the record and you can request that your record be sent to another mental health provider or to your attorney. You have the right to request an amendment to your record. We may deny your request, but can document your concerns in the record. Your rights include requesting an accounting of disclosures of PHI for which you have provided neither consent nor authorization.

We are required by law to maintain privacy of PHI and provide you with this notice of legal duties and privacy policies.

*Theresa Cerulli, M.D.*

Client/Parent: \_\_\_\_\_ Date: \_\_\_\_\_