

Ginger M. Sullivan, M.A., LPC, CGP, FAGPA

HIPAA Form

I have drafted this notice to help clarify how the combination of federal and state laws mandates the handling of psychological and medical information.

Written Authorization

In general, I may ask to use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes only with your written authorization as a legally required form. PHI refers to information your health record that could identify you. In instances when I am asked for information for purposes outside of treatment, payment of health care operations, again I will obtain a written authorization from you before releasing this information.

I will also need to obtain your written authorization before releasing any Psychotherapy Notes. These are notes I may have made about our conversation during a private, group, couples or family session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection by law than PHI.

You may revoke all such authorization (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. Law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures without Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- If I have a reason to believe that a child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities.
- I may disclose protected health information regarding you if I reasonably believe that you are a victim of abuse, neglect, self-neglect or exploitation.
- If I receive a subpoena from DC Board of Mental Health because they are investigating my practice, I must disclose any PHI requested by them.
- If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment of the records thereof, such information is

privileged under state law, and I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- If you communicate to me a specific threat of imminent harm against another individual or, if I believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures I believe are necessary to protect that individual from harm.
- If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

You have the right to:

- Request restrictions on certain uses and disclosures of PHI. However, I am not required to agree to a restriction upon your request.
- Request and receive confidential communications of PHI by alternate means and at alternate locations we agree upon.
- Inspect and/or obtain a copy of PHI in my mental health and billing records used to make about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but, in some cases, you may have this decision reviewed.
- Inspect and/or obtain a copy of Psychotherapy Notes unless I believe the disclosure of the record will be injurious to your health. On your request, I will discuss with you the details of the request and denial process for both PHI and Psychotherapy Notes.
- Request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On request, I will discuss the amendment process with you.
- Receive an accounting of disclosures of PHI. On request, I will discuss the accounting process with you.
- Obtain a paper copy of this notice from me upon request.

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you a copy of this revision.

If you are concerned that I have violated your privacy rights, or you disagree with a decision I have made about access to your records, you may contact me to discuss the matter. You may also send a complaint to the Secretary of the U.S. Department of Health and Human Services.

This notice will go into effect on the date it is signed. Should you have any questions about this notice, please do not hesitate to ask me.

Your signature below indicates that you have read this notice, understand its provisions, been given the opportunity to discuss it with me and have been provided a copy of it.

Signature: _____

Date: _____

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Patient Signature: _____

Date: _____