



HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) CLIENT RIGHTS AND THERAPIST DUTIES

This document contains important information about the federal law, Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regards to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that Harmony Harbor Counseling, LLC (HHC) provide you with a Notice of Privacy Practices (this Notice) for use and disclosure of PHI for treatment, payment and health care operations. The law requires that HHC obtain your signature acknowledging that HHC provided you with this. If you have any questions, it is your right and obligation to ask prior to signing this document. When you sign this document, it will also represent an agreement between HHC and you. You may revoke this Agreement in writing at any time.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a patient and a therapist. In most situations, HHC can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where HHC is permitted or required to disclose information without either your consent or authorization. If such a situation arises, HHC will limit disclosure to what is necessary. The reasons HHC may have to release your information without authorization are listed below:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. HHC cannot provide any information without your, or your legal representative's, written authorization, or a court order, or if HHC receives a subpoena of which you have been properly notified and you have failed to inform HHC that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order HHC to disclose information.
- If a government agency is requesting information for health oversight activities, within its appropriate legal authority, HHC may be required to provide it for them.
- If a patient files a complaint or lawsuit against HHC or an HHC provider, then relevant information regarding that patient may be disclosed as necessary for defense.
- If a patient files a worker's compensation claim, and your counselor is providing necessary treatment related to that claim, your counselor must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance, or an authorized qualified rehabilitation provider.
- HHC may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which your counselor is legally obligated to take actions, which your counselor believes is necessary to attempt to protect others from harm, and your counselor may have to reveal some information about a patient's treatment:

- If your counselor knows, or has reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that your provider file a report with the Florida Abuse Hotline. Once such a report is filed, your counselor may be required to provide additional information.
- If your counselor knows or has reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, the law requires that your counselor file a report with the Florida Abuse Hotline. Once such a report is filed, your counselor may be required to provide additional information.
- If your counselor believes that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, your counselor may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

CLIENT RIGHTS AND THERAPIST DUTIES

Use and Disclosure of Protected Health Information:

- **For Treatment** – Patient health information will be used and disclosed internally during your treatment. Providing information, outside of HHC, to another health care provider will require a signed authorization for the release of information. Authorization is required for most uses and disclosures of psychotherapy notes.
- **For Payment** – Patient health information will be used and disclosed to obtain payment for services provided to you as delineated in the Policies and Procedures.
- **For Operations** – Patient health information will be used and disclosed as part of our internal operations. For example, this could mean a review of records to ensure quality. Patient information may be used to tell you about services, educational activities, and programs that might be of interest to you.

Patient's Rights:

- **Right to Treatment** – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.



- **Right to Confidentiality** – You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask HHC not to share that information for the purpose of payment or our operations with your health insurer. HHC will agree to such unless a law requires us to share that information.
- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. HHC is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and a release of information must be completed. There is a copying fee charge of \$1.00 per page. Please make your request well in advance and allow 2 weeks to receive the copies. If HHC refuses your request for access to your records, you have a right of review, which your provider will discuss with you upon request.
- **Right to Amend** – If you believe the information in your records is incorrect and/or missing essential information, you can ask your provider to make certain changes, also known as amending your health information. You must make this request in writing. You must tell HHC the reasons you want to make these changes, and HHC will decide if it is acceptable. If HHC refuses to do so, HHC will tell you why within 60 days.
- **Right to a Copy of This Notice** – If you receive paperwork electronically, you have a copy in your email. If you complete this paperwork in the office at your first session a copy will be provided to you per your request or at any time.
- **Right to an Accounting** – You have the right to receive an accounting of disclosures of PHI regarding you. At your request, HHC will discuss with you the details of the accounting process.
- **Right to Choose Someone to Act for You** – If someone is your legal guardian, that person can exercise your rights and make choices about your health information; HHC will make sure the person has this authority and can act for you before action is taken.
- **Right to Choose** – You have the right to decide not to receive services with HHC. If you wish, HHC will provide you with names of other qualified professionals.
- **Right to Terminate** – You have the right to terminate therapeutic services with HHC at any time without any legal or financial obligations other than those already accrued. HHC asks that you discuss your decision in session before terminating or at least contact HHC by phone to inform your provider that you are terminating services.
- **Right to Release Information with Written Consent** – With your written consent, any part of your record can be released to any person or agency you designate. Your provider will discuss whether releasing the information in question to that person or agency might be harmful to you.

Therapist's Duties:

- HHC is required by law to maintain the privacy of PHI and to provide you with a notice of the legal duties and privacy practices with respect to PHI. HHC reserves the right to change the privacy policies and practices described in this notice. Unless HHC notifies you of such changes, HHC is required to abide by the terms currently in effect. If HHC revises any policies and procedures, HHC will provide you with a revised notice in the office during your session and on our website.

COMPLAINTS

If you are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your records, you may contact HHC, the State of Florida Department of Health, or the Secretary of the U.S. Department of Health and Human Services.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Signature of Client/Legal Guardian	Printed Name	Date

Witness Signature	Printed Name	Date