

## Jeanne Serafin,MD

### HIPAA Security Information and Client Rights

Your therapist is required by law to maintain the privacy of your healthcare information, and to provide youth a notice of the legal duties and privacy practices with respect to this information. This notice describes those duties, rights, and practices. Please read carefully. If you have any questions or if you do not understand any aspect of this document, do not sign this paper. Instead discuss your concerns with your therapist.

#### I Uses and Disclosures for Treatment, Payment and Health Care Operations

Your therapist may use or disclose your Protected Health Information (PHI) for treatment, payment and health care operations with your written authorization.

To help clarify these terms here are some definitions.

**PHI** refers to information in your health record that could identify you.

**Disclosure** applies to activities outside of this practice group, such as releasing, transferring or providing access to information about you to other parties.

**Authorization** is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

#### II Other uses and disclosures requiring authorization

Your therapist may use or disclose PHI for purposes outside of treatment, payment or health care operations only when the appropriate authorization is obtained. In those instances when your therapist is asked for information for purposes outside of the above she will request authorization from you before releasing this information.

Should you choose to authorize your therapist to release any confidential information to a third party, you may revoke that authorization at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your therapist has 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 policy.

#### III Uses and Disclosures Not Requiring Authorization

Your therapist is required by law to disclose personal health information under the following circumstances:

**Child Abuse-** If your therapist has a reason to believe that a child has been subject to abuse or neglect, the therapist must report this belief to the appropriate authorities.

**Adult and Domestic Abuse-** Your therapist may disclose PHI regarding you if your therapist reasonably believes that you are a victim of abuse, neglect, self neglect or exploitation.

**Health Oversight Activities-** If your therapist receives a subpoena from the Maryland Board of Medicine because they are investigating the practice, your therapist must disclose any PHI requested by the board.

**Judicial and Administrative Proceedings-** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records, such information is privileged under state law and your PHI will not be released without a court order.

**Serious threat to health or safety-** If you communicate to your therapist a specific threat of imminent harm towards yourself or another individual , or if your therapist believes that there is a clear and imminent risk of physical or mental injury being inflicted against another individual , your therapist may make disclosures that your therapist believes are necessary to protect the individual from harm. If your therapist believes you present an imminent, serious risk of physical or mental injury or death to yourself, your therapist may make disclosures necessary she considers necessary to protect you from harm.

IV Patients rights and therapists duties.

Patients rights:

**Right to request restriction-** You have the right to request restrictions on certain uses and disclosures of PHI. Your therapist is not required to agree to the restriction you request.

**Right to receive confidential communication by alternative means and alternative locations.** -You have the right to request and receive confidential communications of PHI by alternative means and alternative locations. ( For example you may not want a family member to know you are in therapy so you can request your bills go to a different location.

**Right to Inspect and Copy-** You have a right to inspect or obtain copy of PHI in the practices mental health and billing records used to make a decision about you for as long as the PHI is maintained in the record.

**Right to an Accounting** -You have a right to received an accounting of disclosures of PHI.

**Right to a Paper Copy-**You have a right to obtain a paper copy of any Authorization to Release Records from your therapist upon request.

V Complaints: If you believe your privacy rights have been violated, you may file a complaint with your therapist. You also have the right to submit a complaint to the Secretary of the US Department of Health and Human Services.

**I have been informed of laws regarding confidentiality and limits to confidentiality.  
I have been offered a complete copy of this Notice regarding the HIPAA Security**

**Rule.** *Your signature below indicates that you have read and understand the information in this document and agree to abide by its terms during our professional relationship.*

Signature of Patient: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_