



HIPAA - RIGHTS AND PRIVACY AGREEMENT

This agreement contains information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI).

Patient Rights

You have the right to receive services:

- That are provided in a prompt, courteous and respectful manner.
- That respect your cultural and ethnic identity, religion, disability, gender, age, marital status and sexual orientation.
- That are provided in a physical environment that is safe, private and confidential.
- That protect your privacy and confidentiality in case discussions, treatment services, communications and records pertaining to care; exceptions are noted elsewhere in this document..
- That emphasize your participation in developing a treatment plan specific to your needs, and include your working toward defined goals.

You have the right:

To express any grievances regarding dissatisfaction with services or care and for requesting an appeal if not satisfied with any decisions regarding dissatisfaction with services or care. First, discuss your grievance with your therapist. If not satisfied with the response, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Service.

Confidentiality

Anything you say to me will be kept confidential with the following exceptions:

- You direct me to tell someone else and sign a release of information,
- I determine you are a danger to yourself or other specified persons,
- As a child, you tell me that you are being abused or neglected by a caretaker,
- I am ordered by a court to disclose information,
- I periodically consult with other health and mental health professionals (who are also legally bound to keep information confidential),
- Health insurers require disclosures,
- A government agency may require it for health oversight,
- To defend myself in a lawsuit by a client.

Please sign below to indicate that you have read and understood this agreement.

X _____

Client's Signature

Date