



### **PRIVACY PRACTICES (HIPAA)**

The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how records here are kept and managed. The services you are receiving here concern your psychological status, a most private and intimate component of your life. Therefore, protecting your privacy is of utmost importance. The ensuing 7 paragraphs explain how, when and why we may use and/or disclose your records, which are known under the HIPAA legislation as “Protected Health Information” (PHI). Your PHI consists of individually identifiable information about your past, present, or future health or condition and the provision of and payment for health care to you. We may also receive your PHI from other sources, i.e. other health care providers, attorneys, etc. You and your PHI receive certain protections under the law. Except in specified circumstances, we will not release your PHI to anyone. When disclosure is necessary under the law, we will only use and/or disclose the minimum amount of your PHI necessary to accomplish the purpose of the use and/or disclosure.

If you are receiving any type of psychotherapy service, your PHI is typically limited to basic billing information placed in a file in one of our offices and also on a computerized software program. Clinical notes taken after sessions are known as Psychotherapy Notes and are not part of your PHI. Except in unusual, emergency situations, such as child abuse, homicidal or suicidal intention, your PHI will only be released with your specific Authorization.

In accordance with the HIPAA act and its Privacy Rule (Rule), your PHI may be used and disclosed for a variety of reasons. Again, however, every effort is made to prevent its dissemination. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed Authorization, which is a separate form. However, the Rule allows for certain specified uses and/or disclosures of your PHI. These consist of the following:

- ☐ Uses and/or disclosures related to your treatment (T)
- ☐ Payment for services you receive (P)
- ☐ Health care operations (O)

For treatment (T): We might conceivably use and/or disclose your PHI to psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you – but only with your specific Authorization. The only conceivable reason that a specific Authorization might not be obtained would be in the case of a medical emergency.

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For payment (P): We may use and/or disclose your PHI for billing and collection activities without your specific Authorization.

For health care operations (O): We may use and/or disclose your PHI in the course of operating the various business functions of my office. For example, we may use and/or disclose your PHI for our secretary to do third party or insurance billing without your Authorization.

○ Uses and/or disclosures requiring your Authorization: Generally, our use and/or disclosure of your PHI for any purpose that falls outside of the definitions of treatment, payment and health care operations identified above will require your signed Authorization. If you grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at any time except to the extent that a disclosure might already have been made.

○ Use and/or disclosures not requiring your Authorization: The Rule provides that we may use and/or disclose your PHI without your Authorization in the following circumstances: When required by law: We may use and/or disclose your PHI when existing law requires that we report information including each of the following areas:

○ Reporting abuse, neglect or domestic violence: we may use and/or disclose your PHI in cases of suspected abuse, neglect, or domestic violence including reporting the information to social service & agencies.

○ Judicial and administrative proceedings: we may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process.

○ To avert a serious threat to health or safety: we may use and/or disclose your PHI in order to avert a serious threat to health or safety. For example, if your therapist believed you were at imminent risk of harming a person or property, or of hurting yourself, we may disclose your PHI to prevent such an act from occurring.

The HIPAA Privacy Rule grants you each of the following individual rights:

○ In general, you have the right to view your PHI that is in our possession or to obtain copies of it. You must request it in writing. You will receive a response from us within 30 days of our receiving your written request. Under certain circumstances, such as if we fear the information may be harmful to you, we may deny your request. If your request is denied, you will be given in writing the reasons for the denial. We will also explain your right to have my denial reviewed. If you ask for copies of your PHI, we will charge you not more than \$.25 per page. We may see fit to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost.

○ You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make.

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○ It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method, e.g., email. We are obliged to agree to your request providing that we can give you the PHI in the format you requested without undue inconvenience.

○ You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented, e.g., those for treatment, payment, or health care operations. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable fee for each additional request.

○ If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. We may deny your request in writing if we find that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone not affiliated with Clarity Connections Counseling Services. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.

○ You have the right to get this notice by email. You have the right to request a paper copy of it as well.

If you believe that we may have violated your individual privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to us. Your written complaint must describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in this Privacy Practices section. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by Clarity Connections Counseling Services, or filed with the Secretary, within 180 days of when you knew, or should have known, that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

### **ACKNOWLEDGING SIGNATURES**

I have read and understand this Agreement and Consent to Receive Psychological Services and Description of Privacy Practices for Clarity Connections Counseling Services. I understand and agree to comply with them. I understand that Federal regulations (HIPAA) allow health service providers to disclose my Protected Health Information (PHI) from your records in order to provide my treatment services, obtain payment for services provided, or for other professional activities (“health care operations”). How, why, and where you might release my PHI was described above. I

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consent to the use/disclosure of my PHI as specified. This consent is voluntary and I may refuse to sign it now or revoke my consent later.

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**Client(s) Name (printed)**

**Signature**

**Date**

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**Parent(s)/Guardian(s) Name (Print)**

**Signature**

**Date**