



*Specializing in Anxiety, Anger, Attachment, and Addiction*

## **HIPAA NOTICE OF PRIVACY PRACTICES**

Effective March 1, 2013 information will only be released in accordance with state and federal laws and the ethics of the counseling profession. This notice describes my policies related to the **use and disclosure of protected health information for the purposes of providing services**. Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes. Please note that Darien Psychotherapy reserves the right to summarize progress notes and case history rather than supplying original notes. Including but not limited to the following information listed in the next four sections:

**TREATMENT** Use and disclose health information to:

- Provide, manage, or coordinate care
- Consultants
- Referral sources

**PAYMENT** Use and disclose health information to:

- Verify insurance and coverage
- Process claims and collect fees

**HEALTHCARE OPERATIONS** Use and disclose health information for:

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training
- Compliance and licensing activities

**OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT**

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives
- As required by law

I/we have read and received a copy of the notice of Privacy Practice and Clients' Rights documents".

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

Print Name: \_\_\_\_\_ Witness: \_\_\_\_\_



*Specializing in Anxiety, Anger, Attachment, and Addiction*

**THERAPY CONTRACT Including CLIENT RIGHTS**

- **You have the right to request where we contact you** ● **Right to release your medical records**
  - With written authorization to release records to others
  - Right to revoke release in writing
  - Revocation is not valid to the extent that I have acted in reliance on such previous authorization
- **Right to inspect and copy my medical billing records**
  - Right to inspect and copy records
  - Counselor may deny this request
  - Charges for copying, mailing, etc.
- **Right to add information or amend my medical records**
- **Right to Accounting of disclosures**
  - For a six-year period beginning 3/1/2013
  - Disclosure for treatment, payment or healthcare operations
  - Disclosures pursuant to a signed release
  - Disclosure made to client
  - Disclosures for national security or law enforcement
- **Right to request restrictions on uses and disclosures of your healthcare information**
  - Must be in writing and I am not obligated to agree
- **Right to complain**
  - Please contact me first: Virginia Ayres 203-326-1469
  - If not satisfied, right to complain to the U.S. Dept. of Health and Human Services without fear of retaliation
- **Right to receive changes in policy**
  - May request any future changes or request to privacy officer

**Financial Issues:** Payment is expected at time of service using cash, check, or credit card. If a credit card is used, please understand that a \$5 per session fee will be applied to cover fees and handling.

**Cancellation policy:** If you need to cancel, please give notice 24 hours in advance, otherwise the full session fee will be charged.

Darien Psychotherapy retains the right to employ a collection agency for bills that are past due in excess of 90 days if other payment plans or negotiated fees do not result in the resolution of said past due bills.

“I/we have read and received a copy of the notice of Privacy Practice and Clients’ Rights documents”.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

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