

NOTICE OF PRIVACY PRACTICES

HIPAA Privacy Authorization Form

Authorization for use or Disclosure of Protected health information
(required by Health insurance Portability and Accountability Act, 45 C.F.R. parts 160 and 164)

HIPAA establishes patient rights and protections associated with PHI. HIPAA provides patient protections related to electronic transmission of data , patient records, and storage and access to health records. HIPAA applies to all health care providers. Providers must provide patients notification of their privacy rights as it relates to their health care records.

This patient notification of privacy rights informs you of your rights, Please carefully read this notification. It is important that you know and understand the patient protections HIPAA affords you as a patient.

In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship; therefore I will do all I can do to protect the privacy of your mental health records. If you have questions regarding matters discussed in this patient Notification, please do not hesitate to ask.

Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA clearly defines what kind of information is to be included in your designated medical record as well as some material (psychotherapy notes) which is not accessible to insurance companies and other third party viewers. HIPAA provides privacy protections about your PHI which could personally identify you. PHI consists of: treatment, payment, and health care operations.

Treatment refers to activities/sessions provided, coordinated, or managed for mental health care or services related to health care. Payment is when Joann Castiglia Whitmore, LLC obtains reimbursement for services related to health care.

Health care operations are activities related to performance. The use of PHI refers to activities like scheduling appointments, keeping records, and other tasks related to care. Disclosures refer to activities authorized.

If there is a request for Joann Castiglia Whitmore, LLC to send PHI, a release must be signed

- By law, PHI may be released without consent/authorization under the following conditions:
 - Suspected or known child abuse/neglect
 - Suspected or known sexual abuse of a child
 - Adult and domestic abuse
 - Judicial or administrative proceedings (if court ordered)
 - Serious threat to health and safety

Patient has a right to:

Request restrictions, request means for receipt of communications, request inspection and copy of PHI

Joann Castiglia Whitmore, LLC is required by law to maintain the privacy of PHI and to inform the patient.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the term of this notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in the office, and on the website.

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices:

I _____, acknowledge receipt of a copy of the HIPAA form by Joann Castiglia Whitmore, LLC.

Date: _____

Signature: _____

Therapist Signature: _____ Date: _____