

## Health Insurance Portability and Accountability Act of 1996 (HIPPA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully. This document may be updated without notice so please review it each time you visit us. A copy of this statement will be available upon request. All information revealed by you in a counseling/therapy session and most information placed in your therapy file (all medical records or other individually identifiable health information held or disclosed in any form-electronic, paper or oral) is considered "protected health information" by HIPPA. As such, your protected health information cannot be distributed to anyone else without your express informed and voluntary consent or authorization. The exceptions to this area are defined below. Additional information regarding your rights as a client can be found in the Professional disclosure and Consent for Treatment form.

### USE OR DISCLOSURE OF THE FOLLOWING PROTECTED HEALTH INFORMATION DOES NOT REQUIRE YOUR CONSENT OR AUTHORIZATION:

1. Uses and discloses required by law-for example, files subpoenaed by a judge.
2. Uses and disclosures about victims of abuse, neglect or domestic violence-like the duties to warn explained in the Professional Disclosure Statement.
3. Uses and disclosures for health and oversight activities-such as correcting records.
4. Uses and disclosures for judicial and administrative proceedings-such as in cases of malpractices or breach of ethics.
5. Uses and disclosures for law enforcement purposes-such as when you claim mental health issues as a defense in a civil or criminal case.
6. Uses and disclosures for research purposes-using client information in research; always maintaining confidentiality.
7. Uses and disclosures to avert serious threat to health or safety-for example Probate Court for a commitment hearing.
8. Uses and disclosures for Worker's Compensation-basic information in your records as a result of your Worker's Compensation claim.

As a client, you have the right to see your therapy file. Psychotherapy notes are afforded special privacy protection under HIPPA and are excluded. You have the right to receive a copy of your therapy files (see rate in financial contract). You have the right to request amendments to your therapy file. You have the right to receive a history of disclosures. You have the right to restrict the disclosure of your protected health information for the purposes of treatment, payment and operations. You will need to sign a Release of Information form detailing these restrictions. You have the right to register a complaint with the Secretary of Health and Human Services or the South Carolina Licensing and Regulation Board. Telephone number is available upon request. You will receive a copy of this page and a copy of your signature sheet stating that you have reviewed and understand these rights. Your therapist will explain or answer any questions regarding these rights.

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Signature of Client

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Date