

Amy Katherine Hubbard, LMHC

152R Main Street
Wenham, MA 01984
Office (978) 879-7188 Fax (978) 231-0528

Client Name: _____

Notice of Privacy Practice and clients Rights

How do you wish to be contacted? Please check off each box that applies and understand that a message may be left at each location indicated. Please provide the number for each location.

Home: _____

Work: _____

Cell Phone: _____

Permission:

I consent that _____ may be treated as a client by Amy K. Hubbard, LMHC.

Client Signature: _____ Date: _____

ACKNOWLEDGEMENT OF PRIVACY STATEMENT:

I acknowledge that I have received a copy of the Privacy statement concerning Private Health Information which follows the HIPAA guidelines effective April 14, 2003. I agree to the terms and conditions and acknowledge that Amy K. Hubbard, LMHC and I have certain rights and restrictions described in those guidelines.

NOTICE:

I keep a dated record of the services I provide you. You may ask to see and copy that record. You may also ask to correct that record. I will not disclose your records to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it from me. There will be a fee for copying (.25 per page).

Client Signature: _____ Date: _____

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NOTICE OF PRIVACY PRACTICES

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 NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the *ACA Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Without Your Authorization: Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose information will fall within one of the following categories.

- A. For Payment.** I may use and disclose PHI so that I can receive payment from you, an insurance company or a third party, for the services I have provided to you. For example, I may need to give your health plan information about treatment you received from our clinic, so your health plan will pay me or reimburse you for the treatment. I may also tell your health amount due and other relevant financial information. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.
- B. Health Oversight.** The Boards of Registration of mental health disciplines such as psychology, social work, mental health counseling, have the power, when necessary, to subpoena records should a clinician be the focus of an inquiry.
- C. Judicial and Administrative Proceedings.** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and will not be released without written authorization from you or your legally-appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

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- D. In an Emergency.** I may disclose your PHI to a physician who requests such records in the treatment of a medical or psychiatric emergency. For example, if you are unconscious and the doctor treating you needs to know details regarding your medical history in order to decide on a course of treatment for you, I would disclose the PHI necessary for the doctor to treat you during the emergency. If it is not possible to obtain your consent to this disclosure, then notice of the disclosure will be provided to you as soon as possible.
- E. As Required by Law.** I may disclose your PHI as required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations.
- F. If Required by Court Order.** I may disclose your PHI in a judicial proceeding if required by Court order.
- G. If Necessary Because Of Threat to Health or Safety.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. I may use or disclose your PHI to the extent which is necessary to protect your safety or the safety of others, if (1) you present a clear and present danger to yourself, or (2) you have communicated an explicit threat to kill or inflict serious bodily injury upon another person, and there is a basis for reasonable belief that the threat may be carried out. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization.

Revocation of Authorization: If you provide me with permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your authorization, I will no longer use or disclose medical information about you for the purposes covered by the plan about a treatment you are going to receive in order to obtain prior approval for the service. The information disclosed will be limited to the nature of services provided, the dates of services, and the written authorization. However, I am unable to take back any disclosures that I have already made with your authorization.

YOUR RIGHTS REGARDING YOUR PHI

You, or your authorized representative, have the following rights regarding PHI that I maintain about you. To exercise any of these rights, please submit your request in writing to me at my office address.

Right of Access to Inspect and Copy: You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would be reasonably likely to endanger the life or physical safety of you or another person. I may charge a reasonable, cost-based fee for copies. I will act on your request within thirty days of receiving your request.

Right to Amend: If you feel that the PHI I have about you is incorrect or incomplete, you may ask me in writing to amend the information although I am not required to agree to the amendment.

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Right to an Accounting of Disclosures: You have the right to request an accounting of the disclosures that I make of your PHI. This is a list of certain disclosures I have made of your PHI. To make this request, you should submit it in writing to me. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information I use or disclosure about you for treatment, payment, or health care operations. For example, you might request that particularly sensitive information (such as the existence of drug dependence) not be disclosed for any purpose. I am not required to agree to your request. To request restrictions, you must submit your request in writing to me. In your request, you must tell me (1) what information you want to limit, (2) whether you want to limit the use, disclosure, or both, and (3) to whom you want the limits to apply (for example, disclosures to your insurance carrier.)

Right to Request Confidential Communication: You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail.

Phone and Mail Communications Policy According to HIPAA Regulations: There may be times when I will need to contact you by phone or mail regarding appointments, billing or other matters. Telephone calls will be made during business hours and I will contact you at the phone number and address you have provided to us. I will leave a message on an answering machine identifying myself, my telephone number, the nature of the call and will ask for a return call. Similarly, when mail communication is required, I will use the mailing address that was given at intake. If this is not acceptable, it is within your rights to inform me in writing.

Right to a Copy of this Notice: You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building-Room 1875, Boston, Massachusetts 02203.

Voice phone (617) 565-1340

FAX (617) 565-3809

TDD (617) 565-1343.

I will never retaliate against you for filing a complaint.