

NOTICE OF PRIVACY PRACTICES

PROTECTING THE PRIVACY OF CLIENTS' HEALTH INFORMATION

OVERVIEW: The federal privacy standards to protect patients' medical records and other information provided to health plans, doctors, hospitals, and other healthcare providers took place on 4/14/2003. Developed by the Department of Health and Human Services (HHS), these standards provide patients with access to their medical records and more control over how their personal information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. State laws providing additional protections to consumers are not affected by this rule.

Congress called on HHS to issue patient privacy protections as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA included provisions designed to encourage electronic transactions and also required new safeguards to protect the security and confidentiality of health information. The final regulation covers health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions (e.g. enrollment, billing, and eligibility verification) electronically.

PATIENT PROTECTIONS

The privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions include:

- **Access to Medical Records:** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access to these records within 30 days and may charge patients for the cost of copying and sending records.
- **Notice of Privacy Practices:** Covered health plans, doctors and other health care providers must provide a notice to their patients on how they may use personal medical information and their rights under the privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit. Patients generally will be asked to sign, initial, or otherwise acknowledge that they received this notice. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.
- **Limits on Use of Personal Medical Information:** The privacy rule set limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or sign a specific authorization before disclosing their patient information for marketing. At the same time, the rule permits providers to communicate freely with patients about treatment options and other health-related information, including disease-management programs.

- **Prohibition on Marketing:** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans, and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other providers to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
- **Stronger state laws:** The federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national floor of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply.
- **Confidential Communications:** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with the request if it can be reasonably accommodated.
- **Complaints:** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entities notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866)627-7748.

I understand that under the Health Insurance and Accountability Act (HIPPA) I have certain rights to privacy regarding my protected health information. I understand that—other than to obtain payment from third-party payers-- no personally identifiable information will be shared outside of the consulting room without my express permission.

The exceptions to this rule include instances when I am a danger to myself, others, or if/when I am no longer able to care for myself.

By signing this form, I acknowledge that I received a copy of the HIPPA notice.

Name: _____

Signature: _____

date: _____

Witness: _____

date: _____

Nancy Gardner, LCSW
656 West Randolph, Suite 4W
Chicago, IL 60661
312/720-5454