



*Durango NVC Services*

## **Patient Consent Form**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes patient rights and protections associated with the use of protected health information. HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care providers. Providers and health care agencies are required to provide patients a 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 Patient 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, we will do all we can do to protect the privacy of your mental health records. Please contact your counselor if you have questions regarding matters discussed in this Patient Notification.

Please print, sign, and date this form below OR check the appropriate box on page 2 of the Information, Disclosure, and Consent form to acknowledge that you have familiarized yourself with Confidentiality/HIPAA practices.

I, \_\_\_\_\_ have been provided a copy of The Patient Notification of Privacy Rights. My signature below indicates that I had opportunity to review this document prior to signing it.

Patient Signature: \_\_\_\_\_

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

## **Patient Notification of Privacy Rights**

(Please retain this for your records)

### **I. Preamble**

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” or “case record” as well as some material, known as “Psychotherapy Notes” which is not accessible to insurance companies and other third-party reviewers and in some cases, not to the patient himself/herself. HIPAA provides privacy protections about your personal health information, which is called “protected health information (PHI)” which could personally identify you. PHI consists of three (3) components: treatment, payment, and health care operations.

Treatment refers to activities in which we provide, coordinate or manage your mental health care service or other services related to your health care. Examples include a counseling session or communication with your primary care physician about your medication or overall medical condition.

Payment is when Durango NVC Services, LLC (Edit Aquarian, NLC) obtains reimbursement for your mental health care or other services related to your health care. Health care operations are activities related to our performance such as quality assurance. The use of your protected health information refers to activities our agency conducts for scheduling appointments, keeping records, and other tasks related to your care. Disclosures refer to activities you authorize such as the sending of your protected health information to other parties (i.e., your insurance company).

### **II. Uses and Disclosures of Protected Health Information Requiring Authorization**

If you request Durango NVC Services, LLC (Edit Aquarian, NLC) to send any of your protected health information of any sort to anyone outside its offices, you must first sign a specific authorization to release information to this outside party. A copy of that authorization form is upon request.

In recognition of the importance of the confidentiality of conversations between therapist and patients in treatment settings, HIPAA permits keeping “psychotherapy notes” separate from the overall “designated medical record.”

The “Psychotherapy notes” are the therapist’s notes “recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group, or joint family counseling session and that are separated from the rest of the individual’s medical record.” The “Psychotherapy notes” are private and contain information about you and your treatment. The “Psychotherapy notes” are not the same as “progress notes” which could include any of the following: medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

### **III. Business Associates Disclosures**

HIPAA requires that we train and monitor the conduct of those performing ancillary administrative services for our office and refers to these people as “Business Associates”. In our office, “business associates” include all other practitioners at Pura Vida Healthcare and any Office Managers who provide such services as scheduling appointments, typing and billing-all activities which bring them into some measure of contact with your protected health information.

Our other “business associates” may include student interns or certain volunteers, who have signed a formal contract which very clearly spells out to them the importance of protecting your mental health information as an absolute condition for their placement at our agency. We train them in our privacy practices, monitor their compliance, and correct any errors, should they occur.

### **IV. Uses and Disclosures Not Requiring Consent or Authorization**

By law, protected health information may be released without your consent or authorization under the following conditions:

- Suspected or known child abuse or neglect
- Suspected or known sexual abuse of a child
- Adult and Domestic abuse
- Judicial or administrative proceedings (i.e. you are ordered here by the court)
- Serious threat to health or safety (i.e. “Duty to Warn” and Threat to National Security)

### **V. Patient’s Rights and Our Duties**

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information which I may or may not agree to but if I do, such restrictions shall apply unless our agreement is changed in writing
- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want forms mailed to your home address so we will send them to another location of your choosing.
- The right to inspect and copy your protected health information in the designated record and any billing records for as long as protected health information is maintained in the record.
- The right to insert an amendment in your protected health information, although the therapist may deny an improper request and/or respond to any amendment(s) you make to your record of care.
- The right to an accounting of non-authorized disclosures of your protected health information.