

HIPAA Privacy Authorization Form

Liminal Counseling + Wellness LLC; San Antonio, Texas; Largo, Florida
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Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 60 and 164)

The Health Insurance Portability and Accountability Act (HIPAA) establishes national standards protecting medical records and other personal health information. HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA applies to all health care providers, including mental health care providers. Therefore, all providers are required to provide patients with a notification of their privacy rights as it relates to their health care records.

Background

As required by law, professional standards, and other review procedures, records are kept documenting your care. HIPAA clearly defines what kind of information is to be included in your "designated medical record," "case record," or "psychotherapy notes," all of which are not accessible to insurance companies and other third-party reviewers. HIPAA provides privacy protections about information which could personally identify you, also known as "protected health information (PHI)." PHI consists of three components: treatment, payment, and health care operations.

- Treatment refers to activities/sessions I provide, coordinate, or manage related to your health care. Examples include a counseling session or communication with your psychiatrist about your medication or overall medical care.
- Payment is when Liminal Counseling + Wellness LLC obtains reimbursement for services related to your health care.
- Health care operations are activities related to my performance such as quality assurance. The use of your PHI refers to activities conducted for scheduling appointments, keeping records, and other tasks related to your care.
- Disclosures refer to activities you authorize such as the sending of your PHI to other parties.

Uses and Disclosures of PHI Requiring Authorization

If you request Liminal Counseling + Wellness LLC to send any of your PHI to an outside party, then you must first sign a specific form to authorize the release of this information. A copy of that authorization form is available upon request.

In mental health care, confidentiality and privacy within the therapeutic relationship are central to the effectiveness of the therapeutic process. Therefore, HIPAA permits keeping "psychotherapy notes" separate from the overall "designated medical record." "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." "Psychotherapy notes" are private and contain information about you and your treatment

Uses and Disclosures of PHI Not Requiring Authorization

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

- If I have cause to believe that you may harm yourself or someone else or are experiencing a psychiatric emergency.
- If I have cause to believe that a child, elderly person, or disabled person is being abused, neglected, or exploited.
- If you report that you have been sexually exploited by a mental health provider.
- If I receive a court ordered subpoena.
- If you are in an emergency situation, and I need to refer you to alternative emergency services and contact your emergency contact person.

Your Rights and Our Duties

You have a right to:

- Request restrictions on what information we share and how we share your PHI
- Receive confidential communications by alternative means and at alternative locations
- Review and get a copy of your PHI
- Amend your PHI
- Receive an accounting of non-authorized disclosures of your PHI
- Receive printed or electronic copy of notice of privacy
- Revoke your authorization of your PHI, except to the extent that action has already been taken

Liminal Counseling + Wellness LLC is required by law to maintain the privacy of your PHI and to provide you with a notice of your Privacy Rights and our duties regarding your PHI. Liminal Counseling + Wellness LLC reserves the right to change its privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of these policies in future appointment(s). Our duties in these matters include maintaining the privacy of your PHI, providing you with a notice of your rights and our privacy practices with respect to your PHI, and abiding by the terms of the notice unless it is changed and you are so notified.

Complaints

If you think your privacy rights have been violated, then you have the right to file a complaint to Liminal Counseling + Wellness LLC, the Texas Behavioral Health Executive Council, or the Florida Department of Health.

For clients in Texas: Assistance in filing a complaint or getting more information is available by contacting the Texas Behavioral Health Executive Council at:

George H.W. Bush State Office Building

1801 Congress Ave., Ste. 7.300

Austin, Texas 78701

Main Line (512) 305-7700

Investigations/Complaints 24-hour, toll-free system (800) 821-3205

The Council is open Monday – Friday, 8:00 A.M. to 5:00 P.M. CT and closed on state holidays

For clients in Florida: You may file a complaint with the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling at:

Florida Department of Health

Mental Health Professions

4052 Bald Cypress Way Bin C-08 Tallahassee, FL 32399-3258

Main Line (850) 488-0595

The state of Florida does not allow complaints to be filed via phone call.

The Customer Contact Center is open Monday – Friday, 8:00 A.M. to 6:00 P.M. ET.

Acknowledgement

By signing this document, I am acknowledging that I have received a copy of the Notice of Privacy and have familiarized myself with Confidentiality/HIPAA practices. I acknowledge that I have had the opportunity to review this document and ask any relevant questions, and may request another copy of this form at any time.