



Health Information Portability and Accountability Act (HIPAA)

This form describes the confidentiality of your medical records, how the information is used, your rights and how you may obtain this information. Groff & Associates, LLC, hereby referred to as: “the Center”, is committed to providing quality mental health professional care to all our clients. Your records are handled with the utmost care to ensure your privacy.

Our Legal Duties:

State and Federal laws require that the Center keep your medical records private. Such laws require that the Center provide you with this notice informing you of our privacy of information policies, your rights, and our duties. The Center is required to abide these policies until replaced or revised. The Center has the right to revise its privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material to us in an evaluation, intake, or counseling session are covered by the law as private information. The Center respects the privacy of the information you provided and abides by ethical and legal requirements of confidentiality and privacy of records.

Use of Information:

Information about the client may be used by the personnel associated with this Center for diagnosis, treatment planning, treatment, and continuity of care. The Center may disclose it to health care practitioners who provide you with treatment such as: doctors, nurses, physician assistants, nurse practitioners, mental health professionals, mental health students and staff associated with this Center such as: billing, quality enhancement, training, audits, and accreditation.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client’s legal guardian or personal representative. It is the policy of this Center not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Duty To Warn and Protect:

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Public Safety:

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker’s compensation laws.



Abuse:

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or crime victim, and their safety appears to be at risk, the Center may share this information with law enforcement officials to prevent future occurrences and capture the perpetrator.

Prenatal Exposure to Controlled Substances:

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's Death:

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

Professional Misconduct:

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions related records may be released in order to substantiate disciplinary concerns.

Judicial or Administrative Proceedings:

Health care professional are required to release records of clients when a court order has been placed.

Minors/Guardianship:

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

Other Provisions:

When payment for services are the responsibility of the client, or a person who has agreed to provide payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g. diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time-frame and the name of the Center or collection source.

Insurance companies, any managed care, and other third-party payers are given information that they request regarding possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports are dictated/typed within the Center or outside sources specializing in and accountable for such procedures.

In the event in which Center or practitioner must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify the Center in writing where the Center may reach you by



phone and how you would like the Center to identify itself. For example, you might request that when the Center phones you at home or work, the Center does not say the name of the Center or the nature of the call, but rather the practitioner's name only. If this information is not provided to

the Center, the Center will adhere to the following procedure when making phone calls: First the Center will ask to speak to the client or parent or legal guardian without identifying the name of the Center. If the person answering the phone asks for more identifying information, the Center will say that this is a personal call. The Center will not identify itself name to protect confidentiality. If the Center reaches an answering machine or voice mail, the Center will follow the same guidelines.

Client Rights:

You have the right to request to review or receive your client records. The procedures for obtaining a copy of your medical information is as follows: You may request a copy of your records in writing with an original signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for this service is \$1.00 per page, plus postage.

You have the right to cancel a release of information by providing the Center a written notice. If you desire to have your information sent to a location different than our address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others. However, if the Center does not agree with these restrictions, the Center is not bound to abide by them.

You have the right to request that information about you be communicated be other means or to another location. This request must be made to the Center in writing.

You have the right to disagree with the medical records in our files. You may request that this information be changes. Although the Center might deny changing the record, you have the right to make a statement of disagreement, which will be place in your file.

You have the right to know what information in your record has been provided to whom. This request must be made to the Center in writing.

If you desire a written copy of this notice you may obtain it by requesting it from the President at the following location: P.O. Box 502246 Indianapolis, IN 46250-7246.

Complaints:

If you have any complaints or questions regarding these procedures, please contact the Center. The Center will get back with you in a timely manner. You many also submit a complaint to the U.S. Department of Health and Human Services.

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Client's Name (Please Print)

Signature of Client/Parent/Legal Guardian