

Jacey J. Yunker, LCSW, Counseling, LLC

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Health Insurance Portability and Accountability Act (HIPAA) and Your Rights

I am honored that you may have chosen to take this personal journey with me. It is my intent and will to establish and maintain the highest standards for a privacy-conscious counseling practice. I invite you, at any time, to ask questions about how I protect your privacy or Personal Health Information (PHI).

Here is an overview of your HIPAA rights:

HIPAA legally requires healthcare providers to follow specific rules about when, how, and what kind of information can be disclosed regarding your Personal Health Information (PHI).

- In most cases, your healthcare provider is required to obtain your consent prior to disclosing your PHI. (You will find more information about this, including some limitations, in the Services Agreement: Information, Authorization & Consent to Treatment with Option for Telemental Health form you read and sign as a new client.
- Healthcare Providers are required to explain their Privacy Practices, or how they use and disclose your PHI. You will find a detailed account in the Services Agreement: Information, Authorization & Consent to Treatment with Option for Telemental Health form.
- Your PHI is to be used only for health purposes.
- When your health information is shared, only the minimum necessary amount should be disclosed.
- Psychotherapy records are safeguarded with additional levels of protection.
- You will be notified promptly if the privacy or security of your PHI may have been, or has been, compromised.
- You have the right to choose someone to act for you, such as a Medical Power of Attorney.
- You have the right to see or get copies of your PHI.
- You have the right to amend your PHI.
- You have the right to decide how your PHI is sent to you.
- You have the right to get a list of disclosures your therapist has made.
- You have the right to complain to Health and Human Services (HHS) regarding HIPAA violations.
- You can learn more about your rights, including how to file a complaint at www.hhs/hipaa.
- Further details about your HIPAA rights have been disclosed in the Services Agreement: Information, Authorization & Consent to Treatment with Option for Telemental Health.

I, **(print full name)**  _____ acknowledge that I have received and read the above HIPAA information. I further acknowledge that Jacey J. Yunker, LCSW, has made herself available to answer any questions I might have about my HIPAA rights.

 _____
Signature of Client

Date

Signature of Therapist

Date