

## **TRANSFORM YOUR LIFE COUNSELING**

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### **HIPAA FORM**

#### **Notice of Privacy Practices Under Health Insurance Portability and Accountability Act**

All information that is obtained from you is protected and kept confidential. This protection and the exceptions have already been outlined in my "Informed Consent Agreement."

Effective April 14, 2003, a national law affecting all health care providers came into effect (HIPAA). Due to the length of this law, this form is a summary of relevant information. The California Explanation Form provides more detail and is available upon request.

Under HIPAA, I am required to provide you with this notice about my privacy procedures. Please be aware that your confidentiality has always been a priority, both under state laws and Marriage Family Therapists' code of Ethics.

#### Uses and Disclosures

- Your protected health information is accessed and used for healthcare related purposes only
- Your protected healthcare information is never sold, rented, transferred, exchanged, and/or used for non-healthcare related purposes including marketing activities without your written authorization.
- Your protected healthcare information can be disclosed to third part entities without your written authorization for the purpose of treatment, to obtain payment for treatment, and for healthcare operations.

#### Certain Circumstances

Your protected healthcare information can be disclosed without your written authorization in certain limited circumstances.

- In situations required by law (i.e., danger to self/others, child/elder abuse)
- Medical emergencies

For any purpose other than treatment, obtaining payment, healthcare operations, or certain circumstances, I will ask for your written authorization before using or disclosing your protected

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health information. If you chose to sign an authorization to disclose protected health information, you can revoke that authorization in writing at any time.

### Patient Rights

- You have the right to request in writing to inspect and/or receive a copy of your health information.\*
- You have the right to request an alternate means or location to receive communications regarding your health information.\*
- You have the right to request in writing to amend, correct, or delete any recorded health information within my possession.\*
- You have the right to request in writing to restrict some of the uses and disclosures of your health information. \*
- You have the right to request in writing an accounting of disclosures of your health information I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment or health care operations sent directly to you.

\*Conditions and limitations may apply. Obtain additional information from me.

### Complaint Procedures

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your protected health information, you are entitled to file a written complaint to the Secretary of The Department of Health and Human Services at 200 Independence Avenue, S.W., Washington D.C. 20201. If you file a complaint against me, I will take no retaliatory action against you.

### Changes to This Notice

HIPAA regulations are complex and still changing. State laws are also changing and consequently, so are the interactions between state laws and HIPAA. Therefore, I reserve the right to change privacy practices and the conditions of this notice at any time and without prior notice. In the event of changes, an update will be posted and a copy will be sent or given to you at our next meeting.

### Acknowledgement of Receipt of Privacy Practice Notice

I, \_\_\_\_\_ (client), acknowledge that I have received a copy of the Notice Privacy Practices.

Date \_\_\_\_\_ Client's Signature \_\_\_\_\_

Date \_\_\_\_\_ Therapist's Signature \_\_\_\_\_

