

Notice of Privacy Practices for Protected Health Information (PHI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law created to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

I am committed to maintaining the confidentiality and privacy of all information shared during therapy. I understand the sensitive nature of mental health discussion and respect your trust. In most situations I can release information about your treatment to others only if you sign a written authorization form that meets the HIPAA requirements. All information disclosed during therapy sessions will be kept strictly confidential.

There are some situations in which I am legally bound to take actions without a signed release. These situations are unusual in my practice and if they should arise, I will discuss the situation with you either before and/or while taking action, if possible. I will limit my disclosure to only what is necessary. These limits are:

Risk of Harm to Self or Others

- If, in my professional opinion, you are in immediate danger of harming yourself, I may be obliged to seek hospitalization for you or to contact family members or others who can help provide protection.
- If I suspect that you pose an immediate threat to harm another person, I am required to act which includes, but is not limited to, notifying the potential victim and the police.
- If I have reason to suspect child or elder abuse or neglect or abuse of a disabled person, I am required to report to the appropriate agency. In Massachusetts, a child is anyone under 18 years of age and an elder is a person 60 years and older. Once such a report is filed, I may be required to provide additional information.

Legal Obligations

- If you are involved in a court proceeding, your PHI (Protected Health Information) is protected by the therapist-client privilege law. I cannot provide any information without your written authorization or a court order.
- If a government agency is requesting information for health oversight activities, I may be required to provide it.
- If you file a complaint or lawsuit against me, I may disclose relevant information regarding your treatment to respond to the complaint.
- If you file a Workers' Compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer, and the Division of Worker's Compensation.
- If you use an EAP (Employee Assistance Program) to pay for all or part of your treatment, information regarding your diagnosis and treatment may be shared with their representative.
- I may consult with other mental health professionals about your care. I also employ administrative staff, and for purposes of scheduling, billing, and quality assurance, sometimes need to share with staff certain items of protected health information. The professionals and administrators with whom I work are bound by the same rules of confidentiality that apply to me and have been trained to protect your privacy. They will not release any information about you without my approval.

Privacy

I am committed to maintaining a secure and private environment for all therapy sessions. Your personal information will be stored securely and will only be accessed by authorized individuals involved in your care.

Beth Rontal, LICSW
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Signature Page

By signing this document, you acknowledge that you have read, been given the opportunity to ask questions, and understand the confidentiality and privacy policies outlined in the notice of Privacy Practices for Protected Health Information and been offered a printed copy of this policy practice.

Print Client's Legal Name: _____ **Date of Birth:** _____

Client's Legal Signature: _____ **Date:** _____