

CONSENT FOR TREATMENT & LIMITS OF LIABILITY

Consent for Treatment and Limits of Liability

The Health Insurance Portability and Accountability Act (HIPAA) establishes patient rights and protections associated with the use of protected health information. HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care providers. Providers and health care agencies are required to provide patients a notification of their privacy rights as it relates to their health care records.

This Patient Notification of Privacy Rights informs you of your rights. Please carefully read this Patient Notification. It is important that you know and understand the patient protections HIPAA affords you as a patient.

In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship; therefore, we will do all we can do to protect the privacy of your mental health records. Please contact your counselor if you have questions regarding matters discussed in this Patient Notification.

Detailed information may be found at <https://www.hhs.gov/hipaa/index.html>

Please print, sign, and date this form below to acknowledge that you have familiarized yourself with Confidentiality /HIPAA practices.

I, _____, have either downloaded or have been provided a copy of The Patient Notification of Privacy Rights. My signature below indicates that I had opportunity to review this document prior to signing it. By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications. I understand I may obtain more information online at <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Client Signature (Client’s Parent/Guardian if under 18) Date

Print Client Name: (First, MI, Last)

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Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

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

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Insurance Providers, Insurance companies and other third-party payers

Insurance Providers, Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.