



Acknowledgement of Receipt of Privacy Notice

By signing below, I indicate that I have been provided access to the Privacy Practices and HIPAA – Federal Law information written in plain language. The notices provided below detail the uses and disclosures of my protected health information (PHI) and how it may be used, my individual rights, how I may exercise these rights and Manifest Joy Counseling, PLLC’s legal duties with respect to my information.

I also understand that Manifest Joy Counseling reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all Protected Health Information we are in receipt of and if changes to the policy occurs Manifest Joy Counseling will provide me a revised Notice of Privacy Practices.

I am also aware that should I lose or choose to not print the Privacy Practices and HIPAA forms at this time I can access the forms on the website in the client forms section and can refer to them at any time.

Printed Client name/Guardian (if under 18)

Date

Signature Client/Guardian (if under 18)

Printed Client name/Guardian (if under 18)

Date

Signature Client/Guardian (if under 18)

Date



NOTICE OF PRIVACY PRACTICES (HIPAA- Federal Law)

(Please print and keep for your records)

This notice describes how health information may be used and disclosed and how you can access this information. It also contains information regarding our rights and summary information about the Health Insurance Portability and Accountability Act (HIPAA). **Manifest Joy Counseling, PLLC** is dedicated to maintaining the privacy of your Personal Health Information as part of providing professional care and are required by law to keep your information private. The Federal Law requires that Manifest Joy Counseling, PLLC obtain each client's signature acknowledging that we have provided him/her with this information.

Protected Health Information (PHI) is any information that is collected about client's health conditions, treatment or any information that could identify the client. It includes any information whether oral, recorded, written or sent electronically, and in this office it is likely to include but is not limited to:

- Your personal history and demographic information
- Reasons you came in for counseling
- Diagnoses
- Treatment plan
- Psychotherapy notes
- Records we get from others who treated or evaluated you
- Information about medications you took or are taking
- Billing and insurance information

The Law states that this information can only be used or disclosed if the client signs a written authorization. There are other situations that require only that the client provides written, advanced consent, and the client's signature on this agreement provides that consent for those activities as outlined in this notice. If any disclosure is needed beyond what is listed in this notice, the client will be asked to sign a separate release of information form before any PHI is disclosed.

How we may use and disclose your health information

The HIPAA law allows for the following disclosures of a client's PHI to an outside entity for the following purposes:

For treatment purposes: including but not limited to: providing, coordinating or managing a client's health care and other services related to your healthcare. For instance: coordinating care with your primary care physician.

For Payment: Obtaining reimbursement for a client's healthcare or billing a client for services rendered. For instance: To verify a client's insurance eligibility and coverage or for disclosing PHI to obtain payment for services.

For Health Care Operations: Activities that relate to the performance and operations of our practice. For instance: quality assessment and improvement activities, audits, administrative services and clinical peer review.

Limits of Confidentiality

If the therapist believes that a child or any adult client who is either vulnerable and/or incapacitated has been the victim of injury, abuse, neglect, financial exploitation or deprivation of necessary medical treatment, the law requires therapist to report it to the proper law enforcement authority. The therapist may be required to provide additional PHI information following report.

If the client communicates an explicit threat of imminent, serious or physical harm, to a clearly identified or identifiable victim(s), and the therapist believes the client has the intent and ability to carry out such a threat, the therapist must take protective actions that may include notifying the potential victim(s), contacting the police or seeking hospitalization for the client. Additionally, if the client threatens to harm him/herself the



therapist may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

A therapist may occasionally find it helpful to consult with other healthcare and mental health professionals about a case. During a consultation, every effort will be made to avoid revealing the identity of the client. The other professionals are also legally bound to keep information confidential. The therapist will note all consultations in client's clinical record.

If a government agency is requesting information for health oversight activities, a therapist will be required to provide it for them.

If a client files a complaint or a lawsuit against a therapist, relevant information regarding that client may be disclosed in order to defend against the suit or complaint.

If a client files a worker's compensation claim and a therapist is providing services related to that claim, the therapist must, upon appropriate request, provide appropriate reports to the Worker's Compensation Commission or the insurer.

If the client is involved in a court proceeding and a request is made for information concerning the professional services provided to them, such information is protected by the therapist-client privilege law. The therapist cannot provide any information without the client or their legal representative's written authorization, or a court order. If the client is involved in or contemplating litigation, he/she should consult with their attorney to determine whether a court would be likely to order such disclosure.

For appointment reminders and health related benefits or services, the therapist may use and disclose your PHI to contact you to remind you that you have an appointment.

Minors and Parents

Clients under 18 years of age, who are not emancipated, and their parents should be aware the law may allow parents to examine their child's records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes the therapist's policy to request an agreement from parents that they consent to give up access to their child's records. If they agree, during treatment the therapist will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. The therapist will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless the therapist feels that the child is in danger or is a danger to someone else, in which case the therapist will notify the parents of the concern. Before giving parents information, the therapist will discuss the matter with the child, if possible, and do his/her best to handle any objections the child may have.

Client's Rights

You have the right to request restrictions on specific uses and or disclosures of your PHI. However, therapists are not required to agree to a restriction that a client requests.

You have the right to inspect and/or obtain a copy of PHI in mental health and billing records. Therapists may deny your access to PHI under certain circumstances.

You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The therapist may deny your request if they believe the original information is accurate.

You have the right to request an accounting of disclosures that Manifest Joy Counseling, PLLC has made of your PHI. Some exclusions do apply.

You have the right to determine the manner and location to which PHI is sent. This includes appointment reminders and billing statements. For instance, calling a client at a work number instead of home number or to have billing statements emailed instead of sent via USPS mail.

You have the right to have any complaints about a therapist's policies and procedures recorded in your record.