**Health Insurance Portability and Privacy Act (HIPAA)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

A+ Counseling & Consulting, LLC is required by Law to protect the privacy of your Protected Health Information (PHI). This notice explains our legal duties and privacy practices concerning your PHI. All information revealed by you in a counseling session and most information placed in your file is considered Protected Health Information (PHI) under HIPAA. As such, your PHI cannot be distributed to anyone else without your express informed and voluntary written consent or authorization. The exceptions to this are defined immediately below:

**Use/Disclosure of Your PHI that doesn’t require your consent or authorization:**

* **Treatment-** Provide, manage or coordinate your care or related services, which could include consultants and potential referral sources.
* **Payment-** Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes.  We may bill the person in your family who pays for your insurance.
* **Required by Law-** Statute, regulation, court order, or subpoena.
* **Public Health Activities-** Child abuse, neglect, or domestic violence.
* **Health Oversight Activities-**Audits and investigations necessary for oversight of the health care system and government benefit programs.
* **Research -** solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research
* **Serious Threat to Health or Safety-** Covered entities may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public
* **Workers’ Compensation*-***Covered entities may disclose protected health information as authorized by, and to comply with, workers’ compensation laws.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Signature Page for HIPAA Information**

 I have read and received a copy of the Health Insurance Portability and Accountability Act (HIPAA) provided to me by A+ Counseling & Consulting, LLC. I understand its contents.

Patient Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_