



HIPAA, Confidentiality & Privacy Practices

As a client of Access Family Services, a record of health information is made. This record contains information including, but not limited to, any diagnoses, related symptoms, assessment and test results, psychosocial history, treatment plans/goals, service notes, school records, and eligibility information. This information, often referred to as client record, serves as a basis for planning your care and treatment. It also serves as a means of communication among the professionals on treatment teams who contribute to client care. All such information is considered to be strictly confidential, regardless of the form in which it is maintained or transmitted (including, but not limited to, information obtained verbally, electronically, stored on audio or video tapes, in client records, on computer files or computer networks, etc.).

While receiving treatment at Access Family Services, I understand that:

1. Information concerning consumers is strictly confidential and shall only be used in accordance with HIPAA, Privacy, and Confidentiality guidelines.
2. Information related to clients or Access Family Services, Inc., shall not be released without express written permission.
3. All confidential information related to clients and Access Family Services, Inc. shall be maintained in a secure place.

Your right to confidentiality about your treatment or services is protected by law. Your records and other information about you will not be shared with other agencies or persons without your signed permission. You can withdraw permission at any time. You can ask that only certain parts of your record be shared. You can ask to review or have a paper or electronic copy of your medical record and treatment plan. One Summary can be provided free of charge, but AFS may charge an administrative fee of up to \$20.00 for the complete medical record. The request should be in writing (handwritten or typed) and signed by the legally responsible party. This can be provided to you within 10 business days of the request. You may ask that we change information in your record that you think is incorrect or incomplete. In some cases, we can do this; if we can't, we will explain why we can't. You can ask for and we will provide a list of persons with whom we have shared information. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and choices. We will make sure the person has the authority to act before we take action. You can complain if you feel we have violated your rights by contacting us; we will not retaliate against you for filing a complaint. You can have us contact you in a specific way (home or office phone, different address, etc.).

Sometimes the law may require Access Family Services to share information about you and the services you receive in an emergency situation to ensure your health and safety.

Examples of situations in which confidential information may be released without consent may include, but are not limited to, the following:

- Reporting suspected abuse and/or neglect
- If the consumer poses an imminent danger to self or others
- Court Order/Subpoena or Government Oversight entities (OCR, DHHS, MCO, DMA, DHSR)
- Coordination of care with another treatment provider on your behalf in an emergency
- Special confidentiality rules may apply if you have a legal guardian, are under age 18, and/or are receiving treatment for drugs and/or alcohol, HIV and AIDS.
- When a child is receiving services and his/her parents are divorced, both birth parents may have access to their child's record unless their parental rights have been taken away by court order.
- The Client Rights Handbook provides a full listing of exceptions. Please ask us to provide you with a copy.

The HIPAA, Confidentiality, and Privacy Practices have been explained to me. I understand that if I wish receive more information regarding this information it will be provided to me. I can have a copy of this Notice provided to me as a paper copy or electronically at any time.

Parent/Guardian Signature: _____

Date: _____

Consumer Signature: _____

Date: _____

Witness Signature: _____

Date: _____