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Health Insurance Portability and Accountability Act of 1996 (HIPAA)

All information revealed by you in a counseling or therapy session and most information placed in your counseling/therapy file is considered “protected health information” by HIPAA. As such, your protected health information **cannot be distributed to anyone else without your express informed and voluntary written consent or authorization**. The exceptions to this are defined below. Additional information regarding your rights as a client can be found on the Consent for Treatment and your therapist’s/counselor’s Professional Disclosure Statement.

Use or disclosure of the following protected health information does not require your consent or authorization:

1. Uses and disclosures required by law – e.g., files court-ordered by a Judge.
2. Uses and disclosures about victims of abuse, neglect, or domestic violence – e.g., the duties to warn explained in the Consent for Treatment.
3. Uses and disclosures for health and oversight activities – e.g., correcting records or correcting records already disclosed.
4. Uses and disclosures for judicial and administrative proceedings – e.g., a case where you are claiming malpractice or breach of ethics.
5. Uses and disclosures for law enforcement purposes – e.g., if you intend to do harm to someone else.
6. Uses and disclosures for research purposes – e.g., using client information in research, always maintaining client confidentiality.
7. Uses and disclosures to avert a serious threat to health or safety – e.g., calling Probate Court for a commitment hearing.
8. Uses and disclosures for Workers’ Compensation – e.g., the basic health information obtained in therapy/counseling as a result of your Workers’ Compensation claim.

Your rights as a Counseling/Therapy Client under HIPAA:

1. As a client, you have the right to see your counseling/therapy file. *Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.*
2. As a client, you have the right to receive a copy of your counseling/therapy file. *Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right.* The cost of copying is \$.20 per page.
3. As a client, you have the right to request amendments to your counseling/therapy file.
4. As a client, you have a right to receive a history of all disclosures of protected health information. The cost of copying is \$.20 per page.

5. As a client, you have the right to restrict the use and disclosure of your protected health information for the purposes of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish to disclose.
6. As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated.