



PATIENT NOTIFICATION OF PRIVACY RIGHTS (HIPAA)

The Health Insurance Portability and Accountability Act has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data (Transaction Rules), the keeping and use of patient records (Privacy Rules), and storage and access to health care records (Security Rules). HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are required to provide patients with a notification of their privacy rights as it relates to their health care records.

HIPAA law and regulations are detailed and difficult to grasp without formal legal training. My Patient Notification of Privacy Rights is my attempt to inform you of your rights in a simple, comprehensive fashion. Please read this document. It is important you know what patient protections HIPAA affords. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship. As such, I will do all I can to protect the privacy of your mental health records. If you have questions about any of the matters discussed in this document, do not hesitate to ask me for clarification.

By law, I am required to secure your signature indicating you have received this Patient Notification of Privacy Rights Document. Thank you for your thoughtful consideration of these matters.

—William Aldrich, Ed.S., LSPE, LPC

I, _____, understand and have been provided a copy of William Aldrich’s Patient Notification of Privacy Rights Document, which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand that I have the right to review this document before signing this acknowledgment form.

Patient Signature, or parent if Minor or Legal Guardian
If Legal Guardian, describe by what authority: _____

Date