

Machiel P. Klerk Counseling

2010 Evergreen Avenue

Salt Lake City, UT 84109

Phone: 801.656.8806

Email: machiel@machielklerk.com

Patient Privacy Policy (H.I.P.A.A.)

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

1. Your medical records are used to provide treatment, bill and receive payments, and conduct health care operations. Examples of these activities include but are not limited: review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, and records review to ensure completeness and quality of care. Use and disclosure of medical records is limited to the internal uses outlined above except when required by law or authorized by the patient or legal representative.
2. Federal and State laws require abuse, neglect, domestic violence, and threats of violence to be reported to Social Services or other protective agencies. If such reports are made they will be disclosed to you or your legal representative, UNLESS disclosure increases risk of further harm.
3. Disclosed information will be limited to the minimum necessary. You may request an accounting for any uses or disclosures other than those described in sections 1 and 2.
4. You or your legal representative may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identifying the person authorized to request the release, specifying the information you want disclosed, the name and address of the entity you want the information released to, the purpose and the expiration of the authorization. Any authorization provided may be revoked in writing at anytime. Psychotherapy notes are not part of your medical record. We have 30 days to respond to a disclosure request, and 60 days to respond if the record is stored off site.
5. You may request corrections to your record.
6. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person; if the requested information references other persons, except the healthcare provider, or if release to a legal representative would likely result in harm.
7. If a request for disclosure is denied for reasons outlined in Section 6, you or your legal representative may request a review of the denial. This review will be conducted by another licensed healthcare provider, appointed by the original reviewer, who was not involved in the original decision to deny access. A review will be concluded within 30 days.
8. You may request that we restrict uses and disclosures outlined in Section 1, however, we are not required to agree to these restrictions. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or by your legal representative orally or in writing except, when the disclosure is required by law, or in an emergency situation. We may also revoke such restrictions, but information gathered while the restriction was in place will remain restricted by such agreement.
9. If you wish to complain about privacy related issues, you may contact the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington D.C., 20201. In any case, there will not be any retaliation against you or your legal representative for filing a complaint.
10. This agreement may be modified or amended as required by law or in the course of health care operations.

I have read and understand this privacy notice, and I understand my rights concerning the use and disclosure of protected healthcare information.

Signature of Individual or Legal Representative

Date

Name of Individual or Legal Representative (Please Print)