

# Cornerstone Counseling Center/Barrella Inc/Scott Barrella MS LMFT

Date \_\_\_\_\_

Primary Client Name \_\_\_\_\_ Birth Date \_\_\_\_\_

## HIPAA RELEASE Form

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information. Our Legal Duties State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place. NOTE - HIPAA only applies if we are charging your insurance company for the services.

The contents of material disclosed to us in an evaluation, intake or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records. Use of Information about you may be used for diagnosis, treatment planning, and continuity of care. We may disclose it to health care providers who provide you with treatment such as doctors, nurses, mental health professionals, and mental health professionals or business associates affiliated with billing, quality enhancement, audits and accreditation.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of Cornerstone Counseling/Barrella Inc. and Scott Barrella LMFT not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

**Duty to Warn and Protect** When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

**Public Safety Health records** may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

**Professional Misconduct** Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns. Judicial or Administrative Proceedings Health care professionals are required to release records of clients when a court order has been placed.

**Other Provisions** When payment for services are the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (i.e. diagnosis, treatment plan, progress notes) is not disclosed. If a debt remains unpaid it may be reported

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to credit agencies and the client's credit report may state the amount owed, the time-frame, and the name Cornerstone Counseling/Barrella Inc.or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes types of services, dates/times of services, diagnosis, treatment plan, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information is not disclosed. Clinical information about the client is discussed.

In the event in which Cornerstone Counseling/Barrella Inc. or your mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify us in writing where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say Cornerstone Counseling/Barrella Inc.or the nature of the call, but rather the mental health professional's first name only. If this information is not provided to us (below), we will adhere to the following procedure when making phone calls; First, we will ask to speak to the client (or guardian) without identifying the name of the therapist. If the person answering the phone asks for more identifying information we will say that it is a personal call. We will not identify Cornerstone Counseling/Barrella Inc.(to protect confidentiality). If we reach voice mail we will follow the same guidelines.

Your Rights - You have the right to request to review or receive your medical files. The procedure for obtaining a copy of your medical information is as follows. You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. **The charge for this service is \$20.00 per page, plus postage AND counselor time to collect data RATE IS \$150 per hour.**

You have the right to cancel a release of information by providing us a written notice. If you desire to have your information to a location different than our address on file, you must provide the information in writing. You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them. You have the right to request that information about you be communicated by other means or to another location. This request must be made in writing.

You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement or disagreement which will be placed in your file. You have the right to know which information in your record has been provided to whom. Request this in writing. If you desire a written copy of this notice you may obtain it by requesting it for your therapist.

Complaints If you have any complaints or questions regarding these procedures, please contact Scott Barrella. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the American Association of Marriage and Family Therapy.

Direct all correspondence to Cornerstone Counseling/Barrella Inc.– 1633 Erringer Road. Suite 201C, Simi Valley, CA 93065

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Client's name (Please print) \_\_\_\_\_

Guardian Name (If applicable) \_\_\_\_\_

