

THE RETREAT AT PONTE VEDRA BEACH

Patient Rights and HIPAA Signature Page

Welcome to The Retreat at Ponte Vedra Beach. This document contains important information regarding the **Health Insurance Portability and Accountability Act (HIPAA)**, a Federal law that provides privacy protections and patient rights with regard to Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

The laws and standards of the psychiatric profession require that we keep protected health information (PHI) about you in a medical record for seven years past the last date of treatment. HIPAA provides you with rights with regard to your clinical record and disclosures of PHI. These rights include the following:

- the right to amend your record;
- the right to restrict what information is disclosed;
- the right to know most disclosures of PHI even if you have neither consented nor authorized;
- the right to determine the location to which PHI disclosures are sent;
- the right to have any complaints you make about our policies & procedures recorded in your records;
- the right to request a paper copy of this Agreement. You may revoke this Agreement in writing at any time.

Please bring up any questions you have at your first appointment.

Except in circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be confusing if read without the guidance of a mental health professional. For this reason, we recommend that you initially review them in our presence or have them forwarded to another mental health professional, so you can discuss the contents. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon your request.

Confidentiality

Your privacy is important to us. All protected health information (PHI) will be kept confidential. In most cases we will obtain your consent prior to releasing any PHI; however, records and/or PHI may be released regardless of consent in the following circumstances:

- According to state and local laws, we must report to the appropriate agencies all cases of physical and sexual abuse or neglect of minors (children under the age of 18), the disabled, and the elderly.
- According to state and local laws, we must report to the appropriate agencies all cases in which there exists a danger to self-and/or others.
- In the event that a patient is in need of emergency services and other medical personnel need to be contacted.
- If you become involved in specific kinds of legal proceedings, the courts may subpoena information concerning your treatment.

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Treatment of Minors

Treatment of patients under the age of 18 will be provided only with the consent of the parent or legal guardian. In cases of divorce, a copy of the custody agreement must be provided. Most custody decrees entitle the non-custodial parent to access the health record without consent from the custodial parent. By signing the consent form, the individual acknowledges that he or she is the guardian (as established by the state or the divorce decree) of any minor presented for treatment. **If the patient is a minor, he/she will not be seen without his/her legal guardian present except in the case your child is of the age to assent and both parents have signed consent for treatment.**

Patients under 18 years of age and their parents should be aware that the law may allow parents to examine their child's treatment records. Recent legal precedents indicate that parents do not automatically have the right to a full copy of their child's mental health treatment records. If you request written records, you will be provided with a copy of the initial diagnostic assessment and medication treatment plan, unless there is a risk that your child will seriously harm him or herself, engage in high risk activities, or harm someone else. In this case, parents will be notified. Before giving parents information, the matter will be discussed with the child, if possible, and your doctor will do his best to handle any objections your child may have.

I acknowledge that I have read The Retreat at Ponte Vedra Beach Patient Rights HIPAA, Confidentiality, and Treatment of Minors policy.

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Patient Signature

Printed Name

Date

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Parent/Guardian Signature 1

Printed Name

Date

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Optional Parent/Guardian Signature 2

Printed Name

Date