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CONSENT AND ADVISEMENT ABOUT THE USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION

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

If you have any further questions or requests regarding the privacy of your Protected Health Information, please contact Virginia Gilbert, Licensed Marriage and Family Therapist at 323-528-6747.

Client Name: _____

Your Private and Protected Healthcare Information

When I provide counseling and therapy services to you, I create, receive, and store health information that identifies you; this information is your Protected Health Information, or PHI, and I have a legal and ethical responsibility to protect your privacy. It is sometimes necessary to use and/or disclose this health information in order to provide the very best care for you.

I will obtain your consent for almost all uses and disclosures of your PHI; but under certain specific circumstances I may need to use or disclose your information without your consent.

When you sign this document, you signify that you agree that I can and will use and disclose your health information to treat you, to obtain payment for services, and to assist other professionals to provide mental health treatment if necessary. You can revoke this consent at any time with a simple written note that I can provide for you. However, revoking your consent for me to release information does not cover any information already released.

Treatment

I may ask for your written permission to use and disclose PHI about you to provide and coordinate your treatment. This could include me communicating with other therapists and providers; however, please keep in mind that all licensed professionals are held to the same high standards of confidentiality and respect for your privacy as I am. We take our work and your well being very seriously, and any communication between myself and other professionals will be respectful of all aspects of your privacy and your treatment.

Payment

Clients are personally responsible for payment for services rendered. However, some clients may wish to ask for reimbursement from their insurance carrier. In that case, I may need to release specific private information to your insurance carrier so that you may be reimbursed. Typically the information released would be your name, dates and types of service, and a diagnostic code to describe the reasons you are being seen. All of this information will be discussed with you before any information is released. My usual practice is to provide you with an itemized statement that you can submit to your insurance carrier.

In the case of a client's refusal to pay their bill, I am permitted by law to release information to an attorney or collection agency to collect any outstanding balance due. Treatment information would not be released, but dates and types of service and fees would. This would be a rare event, and only happens in the case of a patient's outright refusal to pay for services provided.

Emergencies and Other Disclosures

Under certain circumstances I may use and/or disclose your PHI when you do not have to consent or otherwise have an opportunity to agree or to object:

-When law requires the use and/or disclosure. For example, I am required by law to report any suspicion of child or elder abuse or neglect. This would also include incidents of domestic violence when children are present or in the immediate vicinity.

-When the use and/or disclosure is to protect against a serious threat to the health or safety of you or others. For example, in case of a medical or psychiatric emergency I may release information necessary to keep you or others safe or to provide you with emergency treatment.

Requests from Courts and Other Outside Agencies

My professional policy is to protect your privacy to the best of my ability. In the case of a legitimate request from a court or other agency, my policy is to politely decline to provide the entire record; rather I would offer to prepare a summary of your treatment that is respectful of your privacy but meets the needs of the duly authorized agency. In many cases other agencies are agreeable to this. If, however, the entire record is requested I will only release the complete record if I receive an order from the court. When I provide any agency or individual with your PHI I will take all reasonable steps to insure the security of the information; however I cannot be held responsible for anything that happens to your PHI once it leaves my hands.

Your Access to Your Own PHI

My professional policy is to protect your privacy to the best of my ability. You have the right to know what information I keep in your record. If you wish to know what is written in your record, the first step is to discuss the matter with me. I may choose to provide you with a verbal or a written summary rather than a copy of the complete record. If you wish to have a copy of your complete record for your personal use, I may or may not agree, and may or may not be willing to provide you with a copy; however, I am

always willing to discuss it with you and to try to come to a mutually agreeable decision, as long as I feel that it is in your best interests to do so.

Regardless of the nature or extent of any disclosure of your PHI, you have the right to a listing of all disclosures we have made.

I HAVE READ THIS CONSENT AND UNDERSTAND IT. I CONSENT TO THE APPROPRIATE USE AND DISCLOSURE OF MY CONFIDENTIAL INFORMATION FOR PURPOSES OF TREATMENT AND/OR PAYMENT.

Client Signature

Date

Parent or Guardian (Relationship to Client)

Print Name