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Licensed Clinical Psychologist

Privacy Notice

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records used or disclosed by me, in any form, to be kept properly confidential.

I am required by HIPAA to explain my policy regarding the privacy of your health information. I may use and disclose your medical records without written consent only for the following purposes:

To obtain payment. This includes activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.

The law requires therapists to:

1. Report suspected child physical or sexual abuse or neglect to the proper authorities.
2. Report suspected abuse or neglect of a vulnerable adult.
3. Take action when a client is a danger to himself/herself, or to another identified person.
4. Respond when the court of law orders the release of information.
5. Share, upon request, information and/or records about a minor child's treatment with the non-custodial parent.

Any other use of your health information will be made only with your written authorization. You may revoke such authorization in writing and I am required to honor and abide by that written request, except to the extent that I have already taken action based on your authorization.

You have the following rights, which you can request to me in writing.

1. You have the right to request restrictions to my uses or disclosures of your personal or health information, although I am not required to agree to those restrictions. Once your request has been processed it will remain in effect until you request a change.
2. The right to inspect your protected health information with the therapist present.
3. The right to amend your protected health information.
4. The right to receive an account of disclosures of your information.
5. The right to obtain a paper copy of this notice upon request.

I am required to abide by the terms of this notice. I reserve the right to change the terms of this Notice, and will post any revisions.

You have recourse if you feel that your privacy has been violated. You have the right to file a written complaint with my office, or with the Department of Health & Human Services, Office of Civil Rights, 200 Independence Ave., SW, Washington, D.C. 20201. Phone: (202) 619-0257.

I have received, read and understand the above privacy notice.

Patient Name (printed)

Patient Signature

Parent/Legal Guardian Signature

Date