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HIPAA INFORMATION AND CONSENT FORM

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been in my practice for years.

These are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the client. Additional information is available from the US Department of Health and Human Services www.hhs.gov

I have adopted the following policies:

1. Client information will be kept confidential except as is necessary to provide services or to ensure all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. The majority of my client information is kept on a computer with appropriate safeguards. You agree to the normal procedures utilized within the office for handling of charts, records, PHI and other documents or information.
2. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
3. You agree to bring any concerns or complaints regarding privacy to my attention
4. Your confidential information will not be used for the purposes of marketing or advertising of products, goods, or services.
5. I agree to provide clients with access to their records in accordance with the state and federal laws.
6. I may change, add, delete or modify any of these provisions to better serve the needs of the practice and the client
7. You have the right to requests restrictions in the use of your PHI and to request change in certain policies however, I am not obligated to alter internal policies to conform to your request.

I, _____ date _____ do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.