

## HIPAA Privacy Policy

HPR Treatment Centers is committed to keeping everything you share completely confidential. Whatever you speak about will not be shared with anyone else without your written permission. However, there are certain limits to this confidentiality that we would like you to know about.

- 1) If you threaten to harm yourself or someone else, we are obligated to inform potential helpers or victims. Information would be divulged only if we perceive that there is imminent danger to a readily identifiable victim, yourself, or the public. We are obligated to warn and protect if we believe you intend to carry out serious violence, even if you have not made a specific verbal threat.
- 2) If we have reason to suspect there is child abuse or neglect, we are obligated by law to report this to the appropriate state agency.
- 3) If we reasonably believe that a vulnerable adult is being abused, neglected, or exploited, we may report this information to the county adult protective services provider.
- 4) If you are a minor, your parents or guardians will be informed of your progress, if they ask. However, we will not reveal specific details of our conversations without your permission unless we determine that your safety is at risk.
- 5) Your health care insurance may require information to process claims or to authorize benefits.

If you are concerned about some of your information, you have the right to ask HPR Treatment Centers not to use or share it for treatment, payment, or administrative purposes. You will have to tell HPR Treatment Centers what you want in writing. You will be told if your information is shared per the privacy limitations listed above.

You have the right to request to receive confidential communication by alternative means and at alternative locations. For example, you could request that bills/statements be sent to a different address if you didn't want a family member to know about them.

You can request to inspect, obtain a copy of, or amend information about yourself in our mental health or billing records.

If you have questions about this notice, disagree with a decision HPR Treatment Centers makes about access to your records, or have other concerns about your privacy rights, please discuss them with us. You can also send a written complaint to the Secretary of the US Department of Health and Human Services.

After you have signed this consent, you have the right to revoke it (by writing a letter telling HPR Treatment Centers you no longer consent), and we will comply with your wishes about using or sharing your information from that time on. However, if we have already used or shared some of your information, HPR Treatment Center cannot change that. Please sign and date this sheet to acknowledge that you have read and understood this notice of privacy policies. This form complies with federal regulations (HIPAA).

We will keep your electronic records for a period of 7 years as per state law, if by which you require these records please do so in writing.

Client Name: \_\_\_\_\_ Signature of Client: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_