

CLIENT RIGHTS

Right to Request How I Contact You

It is my normal practice to communicate with you about health matters, such as appointment reminders, at your home address and phone numbers you provided when you scheduled your appointment. Sometimes I may leave messages on your voicemail. I often use my cell phone when I call. You have the right to request that I communicate with you in a different way.

May I contact you at home? (circle one) **Yes** **No**

May I leave a message on your voicemail? **Yes** **No**

May I leave a message with the person who answers the home phone? **Yes** **No**

May I contact you at work? **Yes** **No**

May I contact you by cell phone? **Yes** **No**

May I leave a message on your cell phone voicemail? **Yes** **No**

May I communicate with you about appointments by email? **Yes** **No**

If yes, please provide your email address here: _____

Where or how else may I contact you? _____

What limitations, if any, would you like to place on our communication in addition to those indicated above? _____

Please be aware that cell phones, cordless phones, and email are NOT confidential forms of communication because they can be accessed by unauthorized others with relative ease.

Right to Release Your Medical Records

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that I have already acted in reliance on such authorization.

Right to Inspect and Copy Your Medical and Billing Records

You have the right to inspect and obtain a copy of your protected health information (PHI) contained in my medical records. Under limited circumstance, I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing, and supplies.

Right to Add Information or Amend Your Medical Records

If you feel that information contained in your medical record is incorrect or incomplete, you may ask me to add information to amend the record. I will make a decision on your request within 60 days. Under certain circumstance, I may deny your request to add or amend information. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your record. I do require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to an Accounting of Disclosures

You may request an accounting of any disclosures, if any, I have made related to your PHI, except for information I used for treatment, payment, or health care operational purposes or that I shared with you or your family, or information that you gave me specific consent to release. It also excludes information I was required to release. To receive information regarding disclosure made for a specific time period, no longer than six years and after July 1, 2009, please submit your request in writing. I will notify you of the cost involved in preparing this list.

Right to Request Restrictions on Uses and Disclosures of Your Health Information

You have the right to ask for restrictions on certain uses and disclosures of your PHI. This request must be in writing. However, I am not required to agree to such a request.

Right to Complain

If you believe your privacy rights have been violated, please contact me personally to discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

Right to Receive Changes in Policy

You have the right to receive any future policy changes secondary to changes in state and federal laws.

I have read and received a copy of this Client Rights document.

Client Signature: _____ *Date:* _____

Witness Signature: _____ *Date:* _____