



## ICT THERAPYWORKS HIPAA PRIVACY POLICY

When the Consent for Treatment form is signed, you are giving us permission to release your Personal Health Information (PHI) for the following three purposes:

1. Treatment: for consultation or for other therapists in our office to provide crisis coverage. (Extensive case discussion within our practice or with outside healthcare providers requires your written permission).
2. Payment: we provide the basic minimum information to your insurance necessary for treatment approval, payment authorization and billing according to your insurance policy. If we send a bill to anyone other than you, the only information it contains are date and type of services provided.
3. Standard office practices such as scheduling appointments, record keeping, phone calls, required audits, administrative services and treatment coordination.

Any other release of your PHI requires your written permission.

### Exceptions:

Your therapist may release confidential information without your consent if related to:

- Ongoing child abuse, adult and domestic abuse
- Serious threats to health or safety
- Court orders or subpoenas
- Workers compensation cases
- Licensing board investigations

### Patient's rights

You have the right to:

- Put restrictions on disclosures
- Request that we send confidential information (such as billing) to alternate locations to protect your privacy
- Receive a listing of disclosures made
- Request and receive a full copy of the privacy policy
- Submit a request to inspect, copy or amend your records (in coordination with your therapist)

We are committed to maintaining the privacy of your PHI and will notify you of any changes in our privacy policies and practices. Please note that under HIPAA, your therapist has the right to deny your request to inspect, copy or amend your records but will make every reasonable effort to discuss this with you.