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HIPPA & Welcome to My Practice

Patient's Statement of Privacy Rights

Welcome to my practice. I'm glad you have chosen me to help you sort what's going on in your life. My commitment to you is to provide you with the highest quality psychotherapy services and enhance the quality of your life.

Co-pays are due at time of service to ensure there is no backlog and that I can continue to serve you. In addition, I will need 24-48 hour notice for a cancellation. If you cancel at the last minute, the charge is \$50.00.

As a patient of my practice, you have a right to privacy of your Personal Health Information and to know that such information shall be properly and securely maintained by my practice, in accordance with my own policy and in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA was enacted to give you, the patient of a health care provider and covered under a health insurance claim, more control over your health information, to set boundaries on the use and release of health records, establish appropriate safeguards that health care providers and others must achieve to protect the privacy of Personal Health Information, and to hold violators accountable, with appropriate penalties for violation of a patient's right to privacy.

AS A PATIENT OF MY PRACTICE:

1. You are entitled to an individually-delivered, written notification of your Privacy Rights at the time of your first visit to my practice. The document you are reading is this notice.
2. You are entitled to see your medical records.
3. You are entitled to receive a copy of your medical records. You must make your request in writing at \$1.00 per page. In addition, you must sign a form releasing a copy of your records to you.
4. No personal health information shall be given out to any entity not related to your treatment and the billing of medical services rendered, without your written authorization.
5. My practice shall provide Personal Health Information to required parties on the basis of the minimum necessary standard of release (releasing only that information necessary for those parties to provide treatment, reimbursement, or administrative services on your behalf), and so as to maintain the intent of HIPAA in establishing that standard.

6. You have the right to contact the Department of Health and Human Services Office of Civil Rights, which administers HIPAA, with questions or to file a complaint at this toll-free number, 1-877-696-6755, or by email at: <https://www.hhs.gov/ocr>.

I hereby acknowledge receipt of this office's Statement of Privacy Rights, provided on my behalf and in accordance with the law, and have read and understand my rights to privacy and security of Personal Health Information, as a patient of this practice.

Signature: _____ Date: _____

Printed Name: _____