

AMPLIFYING PERFORMANCE CONSULTING, LLC

HIPAA Privacy Policy

When you sign our fee agreement and assignment of benefits (on the Client Information Form), you are giving us permission to release your Personal Health Information (PHI) for the following three purposes:

1. **1 Treatment:** (for other psychologists in our office to provide crisis coverage or consultation regarding your case. More extensive case discussion within our practice or with outside health care providers requires your written permission).
2. **2 Payment:** We provide the basic minimum information on your invoice so that you can submit to insurance for reimbursement if you have out of network benefits..

Any other release of your PHI requires your written permission.

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

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

Patients' 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 psychologist, see below)

Psychologists' Responsibilities. 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 psychologist 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.

Privacy Complaints: If you feel we have violated your privacy rights, please direct your concerns ATTN: HIPAA Compliance Officer at Clinical Psychologists, P.C.