

MJ KLIMENKO
PSYCHOTHERAPY ∞ HYPNOTHERAPY ∞ COACHING

HIPPAA Notice & Agreement

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses for Treatment, Payment, and Health Care Operations

I may use your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. The “consent” is given when you sign this form.

II. Disclosures Requiring Authorization

I may disclose PHI for purposes of treatment, payment, or health care operations with your Authorization. I may also disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission for specific disclosures, beyond the general “consent.” In those instances when I am asked for information for purposes outside of treatment or payment, I will need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes we have made about our conversation during a private, group, joint, or family counseling session.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If I know or suspect that child is a victim of child abuse or neglect, I am required to report the abuse or neglect to a duly constituted authority.
- Adult and Domestic Abuse – If I have reasonable cause to believe an adult, who is unable to take care of himself or herself, has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse, I must report this belief to the appropriate authorities.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization from you or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

MJ@MJKLIMENKO.COM
P. 707.746.1645
FAX. 707.746.1645

MFT LICENSE #27292
LPCC LICENSE #313

1350 HAYES ST. STE B3
BENICIA, CA 94510

CERTIFIED HYPNOTHERAPIST

MJ KLIMENKO
PSYCHOTHERAPY ∞ HYPNOTHERAPY ∞ COACHING

- Serious Threat to Health or Safety – I may disclose PHI to the appropriate individuals if I believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another identifiable person(s)

IV. Client's Rights and Counselor's Duties

Client's Rights

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI.
However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your statements and communications to another address.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may inspect and copy Psychotherapy Notes unless I make a clinical determination that access would be detrimental to your health. On your request, I will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- Psychotherapists Duties:
 - I am required by law to maintain the privacy of protected health information regarding you and to provide you with notice of my legal duties and privacy practices with respect to PHI.
 - I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

MJ@MJKLIMENKO.COM
P. 707.746.1645
FAX. 707.746.1645

MFT LICENSE #27292
LPCC LICENSE #313

1350 HAYES ST. STE B3
BENICIA, CA 94510

CERTIFIED HYPNOTHERAPIST

MJ KLIMENKO
PSYCHOTHERAPY ∞ HYPNOTHERAPY ∞ COACHING

V. Complaints If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may discuss this with me at this office. You may file a written complaint to the California Board of Behavioral Sciences.

Signed: _____ Date: _____

Please Print Name: _____

MJ@MJKLIMENKO.COM
P. 707.746.1645
FAX. 707.746.1645

MFT LICENSE #27292
LPCC LICENSE #313

1350 HAYES ST. STE B3
BENICIA, CA 94510

CERTIFIED HYPNOTHERAPIST