

Jewell Counseling Services, P.C., Privacy Notice & Consent to Treatment

JEWELL COUNSELING SERVICES, P.C., PRIVACY NOTICE

This notice describes how information about you may be used and disclosed and how you can get access to some of this information. Please read it carefully. This form serves as an agreement between you, _____ and me/us Jewell Counseling Services, P.C. When the word "you" is used in this form, it will mean your child, relative, or other person if you have written his or her name here _____.

CONFIDENTIALITY

The laws of the state of Nebraska require that most issues discussed during the course of therapy with a psychotherapist and supervising psychologist are confidential. These laws permit you to waive the privilege of confidentiality by signing a release of information form. However, the release of confidential materials is required in situations of suspected child abuse, of potential harm to self or others and in instances where the court may subpoena records. During therapy, you may always request that some information be discussed with another person (e.g., your physician, spouse, parents etc.). If you desire that information about you be communicated to someone else, please sign a release of information form.

UNDERSTANDING YOUR HEALTH RECORDS/INFORMATION

Jewell Counseling recognizes the importance of our clients' privacy and trust. Keeping our clients' PHI (Protected Health Info) confidential is a top priority and required by State Law. This agency functions with the following personnel: Jewell Counseling, the bill person, and routine oversight of clinical practice as required by state and national regulations. Every time you visit a therapist at Jewell Counseling Services, P.C., a record is made. This record may include your symptoms, diagnosis, and treatment and plans for future treatment. Your therapist uses this information to plan for your care and treatment, as well as to bill your insurance company for services provided. Your record is property of Jewell Counseling Services, P.C., but you do have access to some of the information.

YOUR RIGHTS

- You have a right to expect that your PHI will be kept secure & used only for legitimate purpose;
- You have a right to understand how your PHI may be used & disclosed;
- You have a right to receive the privacy notice that tells you how your PHI may be used or disclosed;
- You have a right to ask questions about this notice;
- You have a right to see, and to keep a copy of the Jewell Counseling Intake form, the confidentiality form, your EOB's (Explanation of Benefits). Your request must be put in writing.
- You have the right to refuse or authorize disclosures of your PHI to third parties;
- **As stated in our Confidentiality Statement, there are certain limits (Please refer to above statement).**

OUR RESPONSIBILITIES

Our responsibilities include the following:

- Maintaining your records in a safe, locked file cabinet.
- Providing you with a copy of this Privacy Notice.
- Abiding by the terms of this Notice.
- Notifying you if we are unable to agree to a requested amendment or restriction.
- Accommodating reasonable requests you may have to communicate health information by alternative means or at alternative locations.

DISCLOSURES FOR TREATMENT AND PAYMENT

We may disclose the following information to your insurance company for reimbursement reasons: Your name, address, DOB, SSN, telephone number, date of service and diagnosis (In case of a minor: the insured's name, address, DOB, etc.). By signing the Jewell Counseling Registration / Intake Information form, you authorize us to bill your insurance company and release this information.

If in the course of treatment, we feel it is necessary to speak with another healthcare provider, we will ask you to sign a "Release of Information" form, specifying what information will or will not be shared. Without your written permission no information can be shared with family members. In case of minors (under age 19), parents with joint custody have access to the above information, but not the psychotherapy notes.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions, please call Jewell Counseling at (402) 933-6677

Effective Date: April 14, 2003

I have received a copy of **JEWELL COUNSELING SERVICES, P.C., PRIVACY NOTICE, effective 4-14-03.**

I hereby give consent to Jewell Counseling Services for myself and/or my dependents in the evaluation and treatment regarding my therapy that may be advisable or necessary in their opinion. If this Privacy and Consent form is not agreed to, including what is in our Complete Notice of Privacy Practices, we cannot provide therapy to you. This consent shall hold valid for this and all future visits unless revoked in writing. My signature demonstrates that I have read, understand, and agree to the above.

Signature of Client

Date