

Patient Health Information Consent Form

You should be aware as to how your Patient Health Information (**PHI**) is going to be used in this office and your rights concerning those records. Before any health care operations begin you must read and acknowledge through signing the separate Consent to Treat form stating that you understand and agree with how your records will be used. If you would like to have a more detailed account of the policies and procedures concerning the privacy of your Patient Health Information you are encouraged to read the HIPAA NOTICE that is available to you before signing this consent.

1. The patient understands and agrees to allow this office to use their Patient Health Information (**PHI**) for the purpose of treatment, payment, healthcare operations, and coordination of care. Examples:
 - A. The patient agrees to allow this therapy office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.
 - B. If paying for services by check, your check is deposited into an account for Riesmeyer Counseling Services, LLC at a local financial institution meaning an employee of that financial institution will process the checks and the deposit slip. To avoid your name/address or other information being seen by the employees of the financial institution, you are welcome to pay cash for services rendered.
 - C. If paying for services by debit or credit card, please be advised that the card processing company will have access to your name and other information through your debit/credit card number and that the transaction is specific to Riesmeyer Counseling Services, LLC. To avoid your name and other information being associated with Riesmeyer Counseling Services, LLC, you are welcome to pay cash for services rendered. You also acknowledge that you will receive an emailed receipt, via the email you have on record at your banking institution, when using your credit/debit card. The name showing on your receipt will be Riesmeyer CS, LLC.
 - D. Communications: Your phone number is captured as an incoming or outgoing call on the bill for the phone used by Riesmeyer Counseling Services, LLC. Your name, however, is not part of the record. If you chose to use email, you are leaving an electronic record of the contact. No one other than Kathryn L. Riesmeyer accesses the email/phone of Riesmeyer Counseling Services, LLC. The computer and phone used by Riesmeyer Counseling Services requires password access.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. This office is not obligated to agree to those restrictions.
3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.

4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.
5. For your security and right to privacy, I have been trained in the area of patient record privacy and am the privacy official designated to enforce those procedures in my office. All precautions have been taken that are known by this office to assure that your records are not readily available to those who do not need them.
6. Patients have the right to file a formal complaint with the privacy official about any possible violations of these policies and procedures.
7. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the treating therapist has the right to refuse to give counsel.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

The signature paragraph on the Client Consent to Treat form acknowledges and affirms that I have read and understand the above information, have been offered a copy of this form and have access to the form at the provider's website.