Floyd Covey, D.D.; Th. D.; Ph. D.; C. Carm. of C.T.P.; O.SS.T.
Bishop / Priest / Psychologist / Monk
Counseling from a Christian View
Soul Care and Wisdom Guidance

PATIENT CONSENT FORM

I understand that under the Health Insurance Portability and Accountability Act (HIPAA) I have certain rights to privacy regarding my PROTECTED HEALTH INFORMATION (PHI). Further, I understand that my protected health information can, and will be, used routinely in the following ways:

- To conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment, either directly or indirectly.
- To obtain payment from third party payers.
- To conduct normal healthcare operations, such as quality assessments and physician certifications.

I have received and read your PATIENT NOTIFICATION OF PRIVACY RIGHTS DOCUMENTS, which contains a more complete description of the uses and disclosures of my Protected Health Information. I understand that you have the right to change your PRIVACY RIGHTS DOCUMENT from time to time and that I may request a copy of the revised DOCUMENT.

I understand that I may request in writing that you restrict how my protected mental health information is either used or disclosed to carry out treatment, payment, or health care operations. I also understand that you are not required to agree to my requested restrictions. If you do agree in writing, then you are bound to abide by my restrictions.

PATIENT NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of PROTECTED HEALTH INFORMATION (PHI). Commonly referred to as the "medical records privacy laws," HIPAA provides patient protection related to electronic transmission of data ("the transaction rules"), the keeping and use of patient records ("privacy rules"), and the storage access to health care records ("the security rules"). HIPAA applies to all health care providers, including mental health care providers. Providers and health care agencies throughout the country are now required to provide patients with a notification of their privacy rights as it relates to their health care records. You may have already received notices similar to this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don't have formal legal training. My PATIENT NOTIFICATION OF PRIVACY RIGHTS is my attempt to inform you of your rights in a simple fashion. Please read this document, as it is important that you know what patient protections HIPAA affords to all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship. Accordingly, you will find that I will do all that I can to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask me for clarification.

By law, I am required to secure your signature below, indicating that you have received this PATIENT NOTIFICATION OF PRIVACY RIGHTS. Thank you for your thoughtful consideration of these matters.

Name of Patient: ____
Signature of Patient: ____ Date: ________________
Name of Guardian (If Patient is a Minor):____
Relationship of Guardian to Patient: ____
Signature of Guardian: ____ Date: ______________

(rev. 2023)