

Cairns Psychological Services
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**New Client Consent to the Use and Disclosure of Health Information
for Treatment, Payment, or Healthcare Operations**

Concern for the privacy and security of health information is widespread across the nation. Cairns Psychological Services has always gone to great lengths to protect your health information. New federal laws reinforce these protections and call for additional protections of health information. They also provide you with rights to access your health information and understand how it is being used. This form is being given to you to help summarize the attached document, Cairns - Notice of Privacy Practices. The Notice of Privacy Practices describes in detail how Cairns protects your health information and your rights related to your health information.

Summary of the federal regulations and Cairns Notice of Privacy Practices: Effective April 14, 2003 all health care providers and health plans are required to follow standard federal privacy regulations. We are required to provide this notice to you by the Health Insurance Portability and Accountability Act (HIPAA).

I, _____, understand that as part of my health care, Cairns Psychological Services originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plan for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and treatment information to my bill,
- A means by which a third-party payer can verify that services billed were actually provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations.

I understand that Cairns Psychological Services is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that Cairns Psychological Services reserves the right to change their notice and practices prior to implementation in accordance with Section 164.520 of the Code of Federal Regulations. Should Cairns Psychological Services change their notice, they will send a copy of any revised notice to the address I've provided (whether U.S. mail, or, if I agree, email).

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

Federal regulations require that Cairns obtain proof that clients have received the Notice of Privacy Practices. My signature below indicates only that I have received a copy of Cairns Psychological Services Notice Of Privacy Practices, not that I have read it or agree with its contents.

Client signature

Date

Date consent received _____

Initial _____