DOUGLAS O. JONES, MD Child, Adolescent & Adult Psychiatry 5040 SW 28th, Suite B Topeka, KS 66614 (785) 273-6200

CONFIDENTIALITY OF INFORMATION

Matters discussed with your psychiatrist are protected by laws insuring your right to privacy. <u>In most cases</u>, your psychiatrist is prohibited from disclosing information about your case without your written consent, and with your written consent, can discuss information about your case only to the extent you authorize.

Those cases where information may be disclosed without your consent are limited to the following:

- When child abuse is known or suspected.
- When the abuse of an elderly or dependent person is known or suspected.
- If there is a situation that is potentially life threatening.
- When records are subpoenaed by the court.
- When you divulge an intent to harm someone else.
- Correspond with other treaters for coordination of care.

Health Insurance Portability & Accountability Act (HIPAA): The Federal Government has enacted a law known as the Health Insurance Portability and Accountability Act of 1996. This law gives you, the client, several new rights concerning your health insurance information, for example, how it is used, whom it is disclosed to and how you may access it. As a private practitioner, I must comply with the rules set forth in this law. A part of this law requires me to make you aware of this new law and that you may request a copy of policies on HIPAA. Detailed information about HIPAA is available for you to read, and may be found in the Suite B and Suite C waiting areas.

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Portability and Accountability Act (HIPAA), and I may request a copy of the policies on HIPAA.

Client's signature acknowledging understanding of the above information:			
Signature of witness:		Date:	