

## De Novo's Confidentiality Rights and Exclusions

Patient Name: \_\_\_\_\_ Patient #: \_\_\_\_\_

There are confidentiality laws that protect your information. You should know: De Novo will comply with all state and Federal regulations, HIPAA, 42 CFR PART 2 (June 9, 1987), and all state regulations governing confidentiality. When Federal and state requirements on this subject differ, De Novo will adhere to the stricter of the two regulations.

While we take the protection of your confidentiality very seriously and strictly comply with the laws governing your confidentiality, you need to know up front that there are some important exceptions to your confidentiality rights. These are listed below:

- 1)** Under the law, we need to share necessary information among our staff on a need to know basis.
- 2)** We have special agreements with other service providers who promise to obey confidentiality regulations and who cannot disclose that information to any other party
- 3)** When there is a medical emergency, it may include providing information about your dose level and dates if you are hospitalized or jailed. This may also involve providing portions of your medical record to EMTs if you experience a medical emergency while at the clinic.
- 4)** When a judge issues a specific written court order, which identifies what parts of the record, must be released. If we receive such an order, or if we are provided notice that such an order is being worked on, we will notify you immediately and if you indicate an intent to hire an attorney to resist the release we will delay complying with the order for as long as legally possible to give you a chance to put a stop to the order
- 5)** We believe you have committed a crime on the clinic premises. This includes, but is not limited to, assaulting another patient or staff, driving on our property while impaired or under the influence, theft or engaging in a drug or other illicit transaction. We will only disclose the information that is needed to report the possible crime, which will not include information about your treatment or addiction.
- 6)** You make statements and we suspect there has been abuse and/or neglect of a child or vulnerable adult.
- 7)** You make statements that cause us to believe that there is an imminent risk that you will harm yourself or another person. Again, we will only release the minimum information needed to meet our reporting obligations under the law. In this case, we may need to release more information about our therapy relationship with you.
- 8)** We are licensed and certified by a number of state, federal and private organizations that conduct a range of audits and surveys. In the course of these audits and surveys authorized representatives of these organizations will be reviewing your information to determine if we are adequately performing our responsibilities. These auditors and surveyors are under the same obligation of confidentiality as we are.

In all other cases, we will only release identifiable information about you and your treatment when you give written permission. This includes any information released about you to individuals, organizations, employers and/or agencies, including spouse or partners, parents, children, friends, other patients, third party payers and the justice system.

Federal regulation does not allow for verbal authorization or blanket consents. Forms utilized for the purpose of consent to release of information must be filled out appropriately and completely, and a copy offered to you. You will not be asked to sign blank release. The release must identify to whom the information is being given, what specific parts of the record may be released, the reason for releasing the information, and the time-period the release is valid.

You may revoke a release at any time. Your revocation should be in writing, though you can revoke permission verbally, so long as you follow up in writing.

I have fully read and understand my rights as well as exclusions to my rights surrounding De Novo's confidentiality policy and responsibility.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date