



### Notice of Client Confidentiality Requirements

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal and State law regulations (Confidentiality of Alcohol and Drug Abuse Patient Records and Health Insurance Portability and Accountability Act of 1996). Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal or State law and regulation by a program is a crime. Suspected violation may be reported to appropriate Federal or State authorities in accordance with regulations.

Federal regulations do not prohibit any information about suspected child abuse or neglect from being reported under State law to appropriate State or Local authorities. The program regulation part 836 requiring reporting of incidents and Serious Reportable Incidents, subject provisions of 42 CFR Part 2.

Under New York State law, HIV-related information can only be given to persons allowed to have it by law or allowed to have it by a release you sign. You can ask for a list of people who can be given confidential HIV-related information without a release form. Confidential HIV-related information indicated you have had a HIV related test, have HIV related illness or AIDS, HIV related infection, or any information which could reasonably identify you as a person who has had a test or had HIV infection.

**(See 42 U.S.C 290dd-3 and 42 U.S.C 290ee-3 for Federal laws and 42 CFR Part 2, CFE 160 ad CFR 164 (HIPAA) for Federal regulations; see New York Mental Hygiene Law Section 23.05, Public Health Law Article 27-F, 10 NYCRR Part 63 and 14 NYCRR Parts 1070 and 1072)**

\*If you experience discrimination because of release of HIV related information, you may contact the NYS division of Human Rights at (212)870-8624 or the New York City Commission of Human Rights at (212)566-5493. These agencies are responsible for protecting your rights.

A copy summary of Federal confidentiality requirements has been provided to me, they have been explained to me and I understand them. We are committed to providing quality care to you in the most accessible manner. To achieve this goal, we may offer psychiatric and addiction services via Telehealth. The service is referred to Telemental Health and will help us meet clients' desire for convenience, accessibility, and affordability. This service will be provided utilizing a dedicated secure transmission meeting all federal, state, and HIPAA requirements that ensure your privacy is protected. The session will be conducted with the same respect to your privacy as an in-office visit. In the even of an emergency, face to face assessments is always available to you.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, and healthcare operations. I will not be denied services if I refuse to consent to disclosure for other purposes. I understand that I may revoke this consent at any time except to the extent action has been taken in reliance to it.

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Client or Legal Representative Signature

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Name of Legal Representative (if applicable)

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Relationship to Client

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Date

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Witness

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Date