



TO: Patients of Haven Psychological Associates  
From: G. Duprez, Ph.D. Privacy Official for Above  
RE: Consent for Treatment and Sharing of Information  
From your Medical Records, due to the Health Insurance Portability  
and Accountability Act of 1996 (HIPAA)

The HIPAA legislation became effective in April of 2003. Its purpose was to:

1. Ensure that persons could transfer from one insurance to another without losing coverage,
2. Standardize electronic billing for medical services, and
3. Keep patient records safe from illegal access.

In order to comply with HIPAA and for us to provide services to you, you must give us permission to share health information for treatment, payment, and health care operations. Please, also, review our Notice of Privacy Practices, which is available in the waiting area.

If you have questions about your records, please discuss these with your therapist. You may request a copy of the Notice of Privacy Practices and of your protected health information and suggest revisions to the latter.

Your signature below indicates that you have had the opportunity to review the Notice of Privacy Practices and that you grant permission to your therapist and Haven Psychological Associates to share health information for treatment, payment, and health operations.

\_\_\_\_\_  
Name/Signature of Patient or Guardian

\_\_\_\_\_  
Date

