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CONFIDENTIALITY STATEMENT

In general, the law protects the privacy of all communications between a patient and a psychologist, and I can only release information about you to others with your written permission. In addition, the **Health Insurance Portability and Accountability Act (HIPAA)**, is a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this description of services, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at our first session.

Although your privacy rights and the confidentiality of our discussions are protected, there are some situations in which I am obligated to take action to protect others from harm, even if I have to reveal some information about a patient=s treatment. For example, if I believe that a child, a disabled person, or elderly person is being abused or neglected, I must report the case to the appropriate state agency. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

In most legal proceedings, you have the right to prevent me from providing any information about you or your treatment. However, a judge may order my testimony if he/she determines that the issues demand it. If you willingly involve me in any legal disputes, other parties may obtain release of records.

As indicated above, Insurance companies may require considerable information about your treatment before they will authorize or fund your sessions with me. Patients covered by Workman=s Compensation plans should be aware that your caseworkers and/or adjusters as well as attorneys representing the Employer=s insurance company are authorized by law to obtain records of your treatment.

Finally, I may occasionally find it helpful to consult other professionals about a case. During the consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

Of course, it will be important for you to bring up any other concerns you may have about issues of confidentiality. It is important for you to feel that you are able to maintain privacy and speak openly with me about the personal issues you wish to address.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE INFORMATION IN THIS DOCUMENT AND THAT YOU HAVE RECEIVED OR READ THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Signature of Client or legal representative

Date

Printed Name of Client or legal representative

Witness

Date