



**ABUSED PERSONS PROGRAM
New Beginnings Abuse Intervention Program**

CLIENT HIPAA ACKNOWLEDGEMENT AND DESIGNATION DISCLOSURE FORM

I. Acknowledgement of Department's *Notice of Privacy Practices*:

By signing my name below, I acknowledge that I was provided a copy of the Notice of Privacy Practices (NPP), and that I have read (or had the opportunity to read) and understand the Notice of Privacy Practices (NPP) and agree to its terms.

Name of Client

Signature of Client/Parent/Guardian

Date

II. Request to Receive Confidential Communications by Alternative Means:

As provided by Privacy Rule Section 164.522(b), I hereby request that the DHHS make all communications to me by the alternative means or locations that I have listed below.

You may request to communicate with the AIP Contractor via unencrypted methods such as e-mail and text messages. If you choose to use unencrypted communication options, please be aware that any computer, unencrypted e-mail or text communication can be accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication.

Unencrypted e-mails and texts are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails and texts that go through them. The following are some of the risks inherent in using these media:

- An unencrypted e-mail or text message might be sent erroneously to the wrong recipient, seen by someone in your house or workplace, or purposefully intercepted by a third party.
- Communication companies (e.g. Google) may be able to access e-mail accounts and text messages.
- Computers, tablets, and cell phones can be lost or stolen.

These risks exist both for unencrypted messages you send to your provider, and those your provider sends to you. (E-mails you receive from the AIP Contractor can be encrypted upon request.) In order to further address these possibilities from the side of the AIP Contractor, all e-mails bear a disclaimer in case of mistaken recipients, and all confidential data on computers, tablets, and cell phones is password-protected. AIP Contractor computers are equipped with virus protection and a password. Client information is stored in a HIPAA-secure cloud environment. Emails and text messages exchanged between you and your provider become a part of your record and subject to all the same laws and rights of access as any other part of your record.

You are not required to use any of these methods of communication to receive treatment. You have the right to request unencrypted communications and to revoke your request at any time. If you initiate communication with your provider via unencrypted methods, we will assume that you have made an informed decision to use such communication methods, will view it as your agreement to accept the risks associated with such methods, and will honor your desire to communicate using these methods. You may also choose to communicate electronically via iPlum, a secure and encrypted texting app (Apple/Android), and message us through the app at 240-906-0121.

Home Telephone Number: _____

- OK to leave message with detailed information
 Leave message with callback numbers only

- Please use the following number to communicate with me by text.
 Please do not communicate with me by text.

Cell Number: _____

- OK to leave message with detailed information
 Leave message with callback numbers only

- Please use the following address to communicate with me by email.
 Please do not communicate with me by email.

E-mail Address: _____

1. The above authorizations are voluntary and I may refuse to agree to their terms without affecting any of my rights to receive healthcare at the Department.
2. These Authorizations may be revoked at any time by notifying the Department in writing at the Departments mailing address marked to the attention of "HIPAA Privacy Officer."
3. The revocation of this authorization will not have any effect on disclosures occurring prior to the execution of any revocation.
4. I may see and copy the information described in this form, if I ask for it, and I will get a copy of this form after I sign it.
5. This form was completely filled in before I signed it and I acknowledge that all of my questions were answered to my satisfaction, that I fully understand this authorization form, and have received an executed copy.
6. This authorization is valid as of the date I have signed below and shall remain valid until changed or revoked.

Name of Client (Printed)

Signature of Client

Date