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HIPAA Agreement

The Health Insurance Portability and Accountability Act (HIPAA) was passed to protect individual patient's medical records from being disclosed to anyone who asks to see their contents. That law requires healthcare providers to get written authorization from a patient before they can share most health information about him or her with a third party. In keeping with HIPAA, we will establish and maintain all reasonable efforts to protect your personal information.

How we collect information about you: We collect data through the submission of your personal information through website, phone, and applications necessary for counseling services.

What we do not do with your information: Information about your financial situation, medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How we do use your information: Information is only used as is reasonably necessary to process your application and/or to provide you with information about or for counseling services. The client understands that he/she has the right to request a restriction as to how personal protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. The counselor is not required to agree to the restrictions requested by the client. If any communication between your counselor and other health care providers is necessary, it will be sought and provided only upon signed consent by the client.

Client signature
(Or parent signature if client is a minor)

Date