



Natalie Baldwin
Nurse Practitioner in Psychiatry PLLC

NATALIE BALDWIN
PMHNP-BC

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A: 1 Pine West Plz Ste 110
Albany NY 12205

Patient Name: _____ Date of Birth: _____

Please read and sign below to show your understanding and agreement to the following contract terms:

Confidentiality

This notice is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the regulations by the Department of Health and Human Services, and the Ethics Codes of the mental health profession. It describes how medical information about you may be used, disclosed, and safeguarded and how you may gain access to this information. All identifying information about your assessment and treatment is kept confidential and you must sign a release of information before any information about you is given to anyone, except as mandated by law. This practice is committed to protecting the privacy of all patients' health records. Your health records include all the information created and obtained when providing care to you. It also includes bills and payment information related to your care. Your health information will be protected in electronic medical records that meet the HIPAA Privacy Policy guidelines.

It shall be inappropriate, unethical, and/or illegal for members of this practice to:

1. Discuss or reveal patient information to anyone outside of the practice including other employees who have no legitimate need to know.
2. Remove any patient information from this office for any purpose without explicit authorization from Natalie Baldwin PMHNP-BC.
3. Copy patient files or other patient information onto personal devices and computers.
4. Transmitting any patient information without explicit authorization from the patient or Natalie Baldwin PMHNP-BC.
5. Publishing patient information publicly without explicit consent to do so.

Please note the following exceptions to confidentiality:

- This practice is required by law to report evidence of suicidal or homicidal intent, evidence of past or current child abuse, and evidence of past or current elder abuse.
- Confidentiality may also be broken if the information could help save your life in a life-threatening emergency.
- Information may also be shared with other medical providers who are concurrently providing medical treatment for you to promote coordination of care and the benefit to you of shared knowledge.
- This practice may also disclose confidential information in proceedings brought by a client against a professional or other legal proceedings as required by law or any court.

- In cases of minors, the practice may advise a parent, managing conservator, or guardian of the treatment needed by or given to the minor.

Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is granted. Such companies may also maintain the right to have a copy of your records.

Your rights and access to Confidential Information

Although your record is the physical property of this practice, the information contained in your health record belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Inspect and obtain a copy of your health record (requests for medical records may take up to 10 business days)
- Amend your health record as provided by regulations
- Obtain an accounting of disclosures of your health information as provided by law
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

By signing below, I acknowledge that I have read and understand the terms set forth above.

Patient or Parent/Guardian(if under 18) *Signature*

Printed name

Date

Relationship to patient