DISTRIBUTION

- Providers must post the revised NPP in a clear and prominent location and have copies of the NPP at the delivery site for individuals to take with them.
- Providers must make the NPP available upon request on or after the effective date.
- If the provider has a website, the NPP must be prominently posted and available electronically.
- Established patients: Providers are not required to print and hand out a revised NPP to all individuals seeking treatment.
- New patients: Providers are only required to give a copy of the NPP to, and obtain a good faith acknowledgment of receipt from, new patients.

PSYCHOTHERAPY NOTES

Definition of psychotherapy notes: “notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record.”

This section should be removed from NPP if not done at their clinic. If the clinic does create psychotherapy notes, they should have a release of information process in place, which includes the provider giving prior approval to release of these types of notes to the patient for patient and provider safety.

PSYCHOTHERAPY NOTES

Definition of psychotherapy notes: “notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record.”

This section should be removed from NPP if not done at their clinic. If the clinic does create psychotherapy notes, they should have a release of information process in place, which includes the provider giving prior approval to release of these types of notes to the patient for patient and provider safety.

ACKNOWLEDGMENT OF RECEIPT – SUGGEST ADDING TO CONSENT FOR TREATMENT FORM:

<Practice>’s notice of privacy practices provides information on how our practice may use and/or disclose protected health information about you for treatment, payment, health care operations and disclosures required by law and describes when an authorization is required from you. Your signature below indicates you have been provided with a copy of the notice of privacy practices.

_________________________________________________________  ______________________________
PATIENT NAME (PRINTED)   DATE

_________________________________________________________
SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

If signed by legal representative, relationship to patient ______________________________

EMPLOYEE USE:

Patient refused Notice of Privacy Practices. Reason for refusal if given: __________________________

Employee signature: ______________________________

AFMC HealthIT, a division of AFMC
1020 W. 4th St., Suite 300 • Little Rock, AR 72201

501-212-8616 • healthit@afmc.org • afmc.org/healthit