

Client Name(s) / Date(s) of Birth _____

Authorizations & Consents Explained

Personal Health Information (PHI) is anything communicated in a psychotherapy session; and it is confidential. Your PHI cannot be shared or disclosed without your written permission unless it is mandated or permitted by law and regulation.

There is a difference between authorization to disclose and consent to use PHI. ¹

Authorizations are required for disclosures of PHI that are not otherwise allowed by regulation and law. PHI is disclosed when it is released, transferred, has been given to, or otherwise divulged outside of therapy.

Consent is not required by law for Treatment, Payment and Healthcare Operations (TPO,) such as an insurance claim. However, I use the **Consent** form when you want to document therapy for a claim. I give it directly to you for that purpose.

I use the **Consent** form when someone joins therapy who did not sign the Informed Consent at the start of therapy. One example is a child joins therapy, and the minor is old enough to give consent. I do not recommend that a spouse join individual therapy that is already underway; it is better to start Couples Therapy together.

I use the **Consent** form if you want to bring a guest to session. This seldom happens, and I do not recommend it. It is an **In-Session Consult**. It does not have the same confidentiality guarantees as a therapy session, because I cannot guarantee that a guest will maintain strict confidentiality. Any person who is not part of the Informed Consent for therapy (that is the couple or family), is not part of the therapy. You cannot bill insurance if there is a guest, because it is a consult rather than therapy.

An **In-Session Consult** is a meeting with a guest. My fee is the same as any other session. The **Consent Form** must be completed before an **In-session Consult** can be scheduled. An **In-Session Consult** needs to be discussed before we complete the **Consent** form. I do not recommend that we discuss it on the same day as the meeting, because your guest would be required to sit in the waiting room for part or all of the session while we talk.

This is a *Consent* form.

Items Covered/Excluded by this *Consent*

Check the box for an item that is covered, or line-out and initial each item that is not.

Consent to Share Information:

Couples or Family Therapy

¹ What is the difference between “consent” and “authorization” under the HIPAA Privacy Rule?, <https://www.hhs.gov/hipaa/for-professionals/fag/264/what-is-the-difference-between-consent-and-authorization/index.html> (Retrieved February 18, 2023)

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Print name(s) & Date(s) of Birth of each person added since the Informed Consent was signed. This is used for to expand the participants for a Couples or Family Therapy.

Insurance (and the document will be given to you.)

Print name, position, and company for insurance billing

I do not fax. You can fax at a local business, but the fax service does not protect your PHI. Likewise, internet fax does not protect PHI. The document can be transferred during a Telehealth session, or handed to you during an office visit. The document will have the dates of sessions, length of time, and type of visit (assessment, regular, or conclusion.)

Consent is given for a guest to attend a meeting with the client. It is an **In-session Consult**, and the meeting is also attended by the client, parent or guardian. A document can be viewed, but it cannot be released.

The guest for the **In-session Consult** is:

Name, Date of Birth, Relationship to the Client

This consent expires on: _____

Revocation

This **Consent** may be revoked at any time, and it can be done verbally. When revoked during an in-person session, the form or Progress Note is signed and countersigned. When done during a Telehealth session, the signatures can take two sessions for the back-and-forth using file transfer. When there is not a scheduled session, for any reason, the client is advised to follow-up any verbal revocation with a certified letter mailed to the post office box. It is a P.O. Box, so do not require a signature.

Client Signature and Date

Victor Bloomberg, EdD, LCSW Signature and Date: