



CLIENT RECORD REQUIREMENTS

Progress Notes are documentation of professional services provided to the client. If a counselor is billing to a third-party payor the counselor must document the list below. Client authorization is not required by the [HIPAA Privacy Rule](#) for the release of this information.

1. Client name
2. Fee arrangement and record of payments
3. Dates counseling was received
4. Disclosure form, signed by counselor and client
5. Presenting problems, or purpose of counseling
6. Notation and results of formal consults, including information obtained from other persons or agencies through a release of information;
7. Progress notes sufficient to support responsible clinical practice for the type of theoretical orientation/therapy the counselor uses.

Psychotherapy notes are recorded by the counselor which document or analyze the contents of a conversation during a private counseling session, group, joint, or family counseling session and are separated from the rest of the individual's medical record. These notes are protected under the HIPAA Privacy Rules and are exempt from release without client authorization. The best practice is to keep the psychotherapy notes separated from the client record for heightened privacy protection.

If a client requests that no treatment records be kept, and the counselor agrees to the request (other than that which is required by law as defined above), the request must be in writing and only the following must be retained:

1. Client name
2. Fee arrangement and record of payments
3. Dates counseling was received
4. Disclosure form, signed by counselor and client
5. Written request that no records be kept

All records must be kept for a period of five years following the last visit. Within this five-year period, all records must be secured, with properly limited access.

My signature below attests that I have read and understand the Client Record Requirements and am requesting that no additional records be kept except as in accordance with the law.

Signature: _____ Date: _____

Printed Name: _____