



HIPAA CONSENT & AUTHORIZATION FORM

Client Onboarding — Digital Mental Health Services

1. Purpose of This Form

This form explains how Reserv (“we,” “us,” or “our”) collects, uses, and protects your personal health information (PHI) in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations (45 C.F.R. Parts 160 and 164).

By completing this form, you authorize Reserv to use and disclose your protected health information as described below. You have the right to revoke this authorization at any time, in writing, except to the extent that action has already been taken in reliance on it.

2. What Is Protected Health Information (PHI)?

Protected Health Information (PHI) includes any individually identifiable information relating to your past, present, or future physical or mental health condition; provision of healthcare services; or payment for healthcare services.

This includes, but is not limited to: session notes, assessment results, diagnoses, treatment plans, progress notes, billing records, and any other health-related data collected through the Reserv platform.

3. How We Use Your Information

3.1 Treatment

To provide, coordinate, and manage your mental health care, including sharing information with your care team, licensed providers, and clinical supervisors as necessary for continuity of treatment.

3.2 Payment

To process payments, submit claims to insurance carriers, verify benefits, and manage billing activities related to your care.

3.3 Healthcare Operations

To conduct quality assurance reviews, staff training, compliance activities, audits, and to improve the delivery of our services.

3.4 Platform Functionality

To operate the Reserv digital application, including scheduling, secure messaging, teletherapy sessions, progress tracking, and wellness check-ins.

4. Authorized Disclosures

With your consent, Reserv may disclose your PHI to:

- **Your treating providers** — licensed therapists, psychiatrists, and clinical staff involved in your care
- **Insurance carriers and third-party payers** — for claims processing and benefits verification
- **Business Associates** — vendors and service providers who have signed HIPAA-compliant Business Associate Agreements (BAAs) with Reserv
- **Legal and regulatory authorities** — as required by law, including court orders, subpoenas, or mandatory reporting obligations
- **Emergency services** — when disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety

Reserv will **not** sell your PHI or use it for marketing purposes without your separate, explicit written authorization.

5. Your HIPAA Rights

Right to Access: You may request a copy of your health records in electronic or paper format. Reserv will respond within 30 days.

Right to Amend: You may request corrections to your PHI if you believe it is inaccurate or incomplete.

Right to an Accounting of Disclosures: You may request a list of instances in which your PHI has been disclosed, excluding disclosures for treatment, payment, and healthcare operations.

Right to Restrict Disclosures: You may request that Reserv restrict certain uses or disclosures of your PHI. Reserv will consider your request but is not required to agree in all cases.

Right to Confidential Communications: You may request that Reserv communicate your PHI by alternative means or at alternative locations (e.g., a specific email address or phone number).

Right to Revoke Authorization: You may revoke this authorization at any time by submitting a written request to privacy@reserv.com. Revocation will not affect actions already taken in reliance on this authorization.

Right to a Paper Copy: You may request a copy of Reserv's full Notice of Privacy Practices at any time.

6. Notice of Privacy Practices Acknowledgment

By signing below, you acknowledge that you have received, reviewed, and had an opportunity to ask questions about Reserv's **Notice of Privacy Practices**, which describes in detail how your PHI may be used and disclosed, and how you may exercise your rights.

A copy is available at www.inbetweens.app/hippa_policy and upon request.

7. Special Categories of Information

Certain categories of health information receive heightened legal protection and will only be disclosed with your specific written authorization or as required by law, including:

- Mental health and psychotherapy records
- Substance use disorder treatment records (42 C.F.R. Part 2)
- HIV/AIDS status and test results
- Genetic information (GINA)
- Reproductive health information

Questions? Contact our Privacy Officer at reserv@therafi.org

8. Data Security

Reserv employs industry-standard safeguards to protect your PHI, including:

- End-to-end encryption for all data in transit and at rest
- HIPAA-compliant cloud infrastructure with Business Associate Agreements in place
- Role-based access controls limiting PHI access to authorized personnel only
- Regular security risk assessments and staff training

9. Contact & Complaints

Privacy Officer

Reserv

Email: reserv@therafi.org

Website: www.inbetweens.app/hippa

If you believe your privacy rights have been violated, you may file a complaint with Reserv's Privacy Officer or with the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/ocr. Reserv will not retaliate against you for filing a complaint.

10. Electronic Signature & Authorization

By providing your electronic signature below, you confirm that:

1. You have read and understand this HIPAA Consent & Authorization Form in its entirety.
2. You consent to Reserv's collection, use, and disclosure of your PHI as described above.
3. You acknowledge receipt of Reserv's Notice of Privacy Practices.
4. You understand your rights and how to exercise them.
5. You are at least 18 years of age, or the legal guardian of the client named below.

This electronic signature constitutes a legally binding agreement under the Electronic Signatures in Global and National Commerce Act (E-SIGN Act, 15 U.S.C. § 7001 et seq.) and applicable state law.

Client Full Legal Name (Print)	
Date of Birth	
Electronic Signature	
Date Signed	
Reserv Account Email	reserv@therafi.org
Optional: Guardian / Auth. Representative	
Optional: Relationship to Client	
Optional: Guardian Signature	
Optional: Guardian Date Signed	

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