

HIPAA Patient Notice of Privacy Practices

Due to the "Privacy Rule" established by the Department of Health and Human Services, any personal healthcare information is protected and kept confidential for your privacy. The Privacy Rule establishes a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information in order to carry out treatment, payment, or healthcare operations. We respect the privacy of your personal medical records. We will take precautions to secure and protect that privacy. When appropriate we will provide only the minimal information necessary in order to provide health care that is in your best interest. Please carefully read our "Office Policies and Procedures" for more details. With your consent, disclosure of your personal health information may be shared for purposes of treatment, payment, or health care operations with hospitals, pharmacies, health plans, co-treaters, and laboratories. You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, if you refuse to disclose your Personal Health Information (PHI), we have the right to refuse to treat you. If you choose to give your consent, at some future time you may request to refuse to disclose all or part of your PHI. You may not revoke actions that have already been taken which relied on a previously signed consent. You have the right to receive accounting of any disclosures we have made. You have the right to receive a copy of your PHI at this counseling center, but your request must be submitted in writing. In certain situations your therapist may deny your request. If so, you will be told in writing the reasons for denial and your right to have the denial reviewed. If you request copies of your PHI, you will be charged no more than \$.25 each page. I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. You have the right to have your therapist amend your PHI. If we deny your request, you may file a disagreement with us and prepare a rebuttal, which will be added to your PHI. I have been trained to understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA), with particular emphasis on the "Privacy Rule." I strive to achieve the very highest standards of ethics and integrity in performing services for my clients. I have implemented a Compliance Program that I believe will help me prevent any inappropriate use of your PHI. I welcome your input regarding any service problem so that I may remedy the situation promptly. If you have any questions, please let me know. You may also file a complaint to the Secretary of Health and Human Services if you believe I have violated your privacy rights.

I acknowledge receipt of this notice.

Client Signature _____ Date _____

Client Signature _____ Date _____