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HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION (April 10, 2019)

Please review this carefully and initial below.

As your counselor, I will only release information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes my policies as outlined by HIPAA and related to the use and disclosure of your healthcare information.

DISCLOSURES ALLOWED BY HIPAA:

TREATMENT Use and disclose health information to:

- Provide, manage or coordinate care with a client's other healthcare providers
- Consultants, who may provide additional insights or opinions
- Referral sources, who the client may be referred to, as appropriate

PAYMENT Use and disclose health information to:

- Verify insurance and coverage with client's insurance company
- Process claims and collect fees through HIPPA approved agent

HEALTHCARE OPERATIONS Use and disclose health information for:

- Review of treatment procedures
- Professional training and education
- Compliance and licensing activities

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

- Mandated reporting: Threat of harm to self or others, abuse of children, disabled and elderly
- Emergencies: Medical or mental crisis
- Criminal damage: Harm, destruction or other criminal behavior causing destruction
- Appointment scheduling, i.e, via telephone and/or email as provided
- Treatment alternatives, referrals as appropriate on client's behalf
- As required by law

Client Initials _____

CLIENT RIGHTS

Please Read and Sign Below

Right to request where we contact you (circle as appropriate)

- Home yes or no
- Work yes or no
- Cell phone yes or no
- If not, how may we contact you _____

Right to release your medical records

- Written authorization to release records to others
- Right to revoke release in writing
- Revocation is not valid to the extent that you have acted in reliance on such previous authorization

Right to inspect and copy your medical billing records

- Right to inspect and copy records
- Counselor may deny this request
- Charges for copying, mailing, etc

Right to add information or amend your medical records

- May request to amend record
- Number of days to decide (30)
- Counselor may deny the request
- If denied, right to file disagreement statement
- Disagreement statement and your response will be filled in the record
- Amendment request must be in writing

Right to Accounting of disclosures

- For a six year period beginning with date the counselor came in to compliance (no later than 4/10/19)
- Exceptions:
 - Disclosure for treatment, payment or healthcare operations
 - Disclosures pursuant to a signed release
 - Disclosure made to client
 - Disclosures for national security or law enforcement

Right to request restrictions on uses and disclosures of your healthcare information

- Must be in writing
- Counselor not obligated to agree

Right to complain

- Please contact counselor first
- If not satisfied, right to complain to the U.S. Dept. of Health and Human Services
- No retaliation

Right to receive changes in policy

- May request any future changes
- Request to privacy officer

Client Signature _____ Date _____