

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), effective April 14, 2013, mandates that all health care providers inform individuals of their rights with regard Protected Health Information, (PHI – Information that is personally identifiable: your name, address, phone number, social security number, etc.). To this end I have listed below the individuals who have access to your PHI and the circumstances I would use or disclose your PHI.

I will use and disclose PHI for the following reasons:

1. With consent from the client or parent/guardian should the client be a minor.
2. Where legal regulations explicitly demand disclosure without the client's consent. Client is a danger to self or others, in the case of known or suspected child abuse or neglect I may inform law enforcement officials, (i.e. Police, Sheriff's Dept., Department of Social Services) and when ordered to by a court order, court ordered subpoena, or an administrative tribunal, (Social Security Administration).
3. With your consent I will share information to coordinate your care with your primary care physician.
4. At your request I will send service information and diagnosis to your insurance company for claims payment.
5. At your request, I will send information regarding your services to selected individuals or agencies.
6. In the case of mandatory employee assistance referral I will, with your consent, send compliance information to the appropriate person(s) at work.
7. The appropriate State or Federal agencies can review your PHI as part of compliance audit with HIPAA standards.

The following are your rights to your PHI in my office:

1. Right of Notice – You have the right to read this privacy notice and know how I use my clients' PHI.
2. Right to Protect – You have the right to control the use of your PHI. HIPAA dictates that if you don't wish to give consent for disclosure of your PHI I will not take action against you.
3. Right to Access – You have the right to look at your PHI.
4. Right of Accounting – You have the right to know where your PHI goes.
5. Right of Amendment – You have the ability to request that the health care provider amend or modify the PHI.

HIPAA also mandates that you be informed that I am not required to honor the previous requests. I will make every effort to comply with your requests.

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Client Signature

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Date