



Notice of Privacy Practices

This notice describes how health information may be utilized and disclosed, and how you may access this information. Please review it carefully.

Who Will Follow This Notice

Any health care professional authorized to enter information into your records and any personnel at this practice that may need to access your information must abide by this notice. All subsidiaries and business associates may share health information for treatment, payment or healthcare operations.

Uses of Information/Disclosures

- **Treatment** – It may be necessary to disclose health information about you to other professionals to provide better treatment.
- **Payment/Billing** – We may disclose health information about you to seek payment/reimbursement from other sources of coverage such as your health plan.
- **Healthcare Operations** – We may disclose health information for operations of my counseling practice to ensure and promote quality service and treatment.
- **Law Enforcement** – I may be required by state or federal law to disclose health information to law enforcement/government officials as required for investigations, for legal proceedings, or if there is a threat of endangerment to yourself or others.

Other uses and disclosures not covered by this notice will only be made with your written consent.

Rights Regarding Health Information

- **Right to Inspect and Copy** – You have a right to inspect and copy health information that may be used to make decisions about your care. This does not include psychotherapy notes. There may be a fee for these copies.
- **Right to Amend** – You may ask to amend information that is incorrect or incomplete. You must request the amendment in writing and provide information to support the request. We have the right to deny request if: not in writing, does not include support, information was not created by us, is not part of health information kept by us, or is not part of information you would be permitted to inspect or copy.
- **Right to an Accounting of Non-Standard Disclosures** – This is a list of the disclosures we made of your health information. The “Accounting of Disclosures” must be requested in writing. Your request must state a time period no longer than six years from your last date of service. Fees will be based upon time involved.
- **Right to Request Restrictions** – You have the right to request a restriction or limitation regarding disclosure of your health information. You may limit the information disclosed to someone involved in your care. Psychotherapy notes are separate from medical records and require a signed authorization.
- **Right to Confidential Communications** – You have the right to request the manner in which we communicate with you about health matters. Request must be made in writing. Reasonable requests will be accommodated.
- **Right to a Paper Copy** – You may request a copy of this notice at any time. Please make request in writing.

We reserve the right to change this notice. We reserve the right to make the revised notice effective for health information on file as well as any information we will receive in the future. We will post a copy of current notice in our facility. The notice will include effective date.