

NOTICE OF PRIVACY PRACTICES

This notice includes a description of how medical information may be used and disclosed and how this information is accessed. Please review it carefully.

Federal and state law and regulations protect the confidentiality of your records. The principal purpose of maintaining information about you is to document your assessment, intervention, and follow-up activities. The highest professional standards will be adhered to in maintaining your record.

The two federal laws that protect your health information are the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Confidentiality Law 42 C.F.R part 2. Under these laws, your Counselor may not inform others that you attended any counseling sessions or disclose any other protected information except as permitted by federal law.

DISCLOSURES OF INFORMATION

Under federal and state regulations, certain disclosures of information may be made:

1. When the client consents in writing. Any such written consent may be revoked by you in writing.
2. Pursuant to an agreement with a qualified service organization/business associate.
3. To other mental health practitioners who are involved in providing your mental health care, as long as information does not pertain to substance abuse.
4. When the disclosure is allowed by a valid court order.
5. When the disclosure is made to medical personnel in a medical emergency or when the disclosure is made in a non-identifiable form to qualified personnel for research, audit, or program evaluation.
6. If there is a situation where the safety of the public or an individual is concerned, the Counselor may be required to notify the intended victim and/or law enforcement officials.
7. When there is suspected child or elder abuse and neglect.

YOUR RIGHTS

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your information. The Counselor is not required to agree to any restrictions you request, but if he/she does agree then he/she is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

Under HIPAA you also have the right to inspect and copy your own health information maintained by your Counselor except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Such requests are to be made in writing.

Access will be provided no later than thirty days after receipt of the request. If the requested information is not maintained or accessible at the counselor's site, then the Counselor has sixty days to process the request. A reasonable fee for copying may be imposed.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in your records, and to request and receive an accounting of disclosures of your health related information made during the six years prior to your request. You also have a right to receive a paper copy of this notice.

Violation of the Federal and state law and regulations is a crime. Suspected violations may be reported to appropriate authorities. You may complain to the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

My signature below means I have read this document, understand it, have been given the opportunity to ask questions for clarification and have received a copy of this notice.

Print Client Name

Date

Signature of Client or Legal Guardian

Date

Witness

Date