

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 privacy of your mental health information is critically important. This Notice will inform you about the ways I use and share mental health information about you.

I will also describe your rights and certain duties I have regarding the use and disclosure of your protected mental health information.

The term “information” in this Notice includes any personal information that is created or received by a healthcare provider that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

How I Use or Disclose Information:

I must use and disclose your mental health information to provide information:

1. To you or someone who has the legal right to act for you;
2. To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
3. Where required by law. I have the right to use and disclose mental health information to pay for your health care and operate my business. For example, I may use your health information:

1. For treatment, I may disclose mental health information to your providers or provider facilities to help them provide care to you.

2. For health care operations, I may use or disclose mental health information as necessary to operate and manage my business and to help manage your health care coverage. For example, I may speak with your provider to suggest a wellness program that could help improve your mental health.

I may use or disclose your mental health information for the following purposes under limited circumstances:

1. To persons involved with your care: I may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.

2. For reporting victims of abuse, neglect, or domestic violence to government authorities, including a social service or protective agency.
3. For health oversight activities, such as governmental audits and fraud and abuse investigations.
4. For judicial or administrative proceedings, such as in response to a court order, search warrant, or subpoena.
5. For law enforcement purposes such as providing limited information to locate a missing person.
6. To avoid serious threat to health or safety by, for example, disclosing information to public health agencies.

The following are your rights with respect to your mental health information:

1. You have the right to ask to restrict uses or disclosures of your mental health information for treatment, payment, or health care operation. You have the right to also ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care.

Please note that while I will try to honor your request and will permit requests consistent with my policies, I am not required to agree to any restriction.

2. You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example: by sending it to a P.O. Box rather than your home address).

3. You have the right to see and obtain a copy of your mental health information that may be used to make decisions about you such as claims and case or care management records. You also may receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, I may deny your request to inspect and copy your mental health information if I believe that disclosure of certain information contained in your mental health records may be harmful to your condition or impede further treatment of your condition. This decision will be binding.

4. You have the right to amend information I maintain about you if you believe the mental health information about you is wrong or incomplete. If I deny your request, you may have a statement of your disagreement added to your mental health information.

5. You may have the right to receive an accounting of disclosures of your information made by me during the six years prior to your request.

6. You have the right to a paper copy of this Notice. You may ask for a copy of this Notice at any time.

Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

7. If you believe that your rights have been violated, you may notify the Secretary of the U.S. Department of Health and Human Services if you have any complaint to make. I will not take any action against you for filing a complaint.

I have received a copy of this Notice and understand its meanings and implications.

Client's name (printed):

Client's (or guardian's) signature:

Date: _____