

## HIPPA PRIVACY NOTICE

**This notice describes how mental health information about you may be used and discussed and how you can get access to this information. Please review it carefully.**

1. Your protected mental health information (i.e. individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security number, and demographic data) may be used or disclosed by us in one of more of the following respects:
  - a. To other care providers in connection with our rendering treatment.
  - b. To third party payers or spouses (i.e. insurance companies, employers with direct reimbursement, administrators of flexible accounts, etc.) in order to obtain payment of your account (i.e. to determine benefits, date of payments, etc.)
  - c. To certifying, licensing, accrediting bodies (i.e. American Psychological Association, state boards, etc.) in connection with obtaining certification, licensure, or accreditation.
  - d. Internally, to all staff members who have a role in your treatment.
  - e. To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.
  - f. To you family and close friends involved in your treatment.
  - g. We may contact you to provide appointment reminders or information about treatment alternatives or other mental health related benefits and services that be of interest to you.
  - h. Any other uses or disclosures of your protected mental health information will be made only after obtaining your written authorization, which you have the right to revoke.**
2. Under the new privacy rules, you have the right to:
  - a. Request restrictions on the use and disclosure of your protected mental health information.
  - b. Request confidential communication of your protected mental health information.
  - c. Inspect and obtain copies of your protected mental health information through asking us.
  - d. Amend or modify your protected mental health information due to certain circumstances.
  - e. Receive an accounting of certain disclosures made by us of your protected mental health information.
  - f. You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 190 days of violation).
3. We have following duties to you:
  - a. By law, to maintain the privacy of protected mental health information and to provide you with this notice of setting fourth our legal duties and privacy practices with respect to such information.
  - b. To abide by the terms of our Privacy Note that is currently in effect.



- c. To advise you of our right to change the terms of this Privacy Note and to make the new notice provisions effective for all protected mental health information maintained by us and that if we do so, we will provide you with a copy of the revised Privacy Notice.
4. Please note that we not obligated to:
- a. Honor any request by you to restrict the use or disclosure of your protected mental health information.
  - b. Amend your protected mental health information if, for example, it is accurate and complete.
  - c. Provide an atmosphere that is totally free of the possibility that your protected mental health information may be incidentally overheard by other clients and third parties.
  - d. This privacy notice is effective as of the date of your signature. If you have any questions about the information in this Notice, please ask for our Privacy Contact Person or direct your question to this person at our office address.

I hereby acknowledge that I have received a copy of this Privacy Notice.

Client Name (Please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_