

Notice of Privacy Practices

It is the policy that this practice preserves the integrity and the confidentiality of protected health information (PHI) pertaining to all clients. The purpose of this policy is to ensure that this practice has the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of the clients to the highest degree possible. Clients should not be afraid to provide information to this practice for purposes of treatment, payment and healthcare operations (TPO). To that end, this practice will:

- *Adhere to the standards set forth in the Notice of Privacy Practices*
- *Collect, use and disclose PHI only in conformance with state and federal laws and current client covenants and/or authorizations, as appropriate. This practice will not use or disclose PHI for uses outside of the practice's TPO, such as marketing, employment, life insurance applications, etc. without an authorization from the client.*
- *Use and disclose PHI to remind clients of their appointments unless they instruct us not to.*
- *Recognize that PHI collected about clients must be accurate, timely, complete, and available when needed. This practice will implement reasonable measures to protect the integrity of all PHI maintained about clients.*
- *Recognize that clients have a right to privacy.*
- *This practice respects the client's individual dignity at all times.*
- *This practice will respect client's privacy to the extent consistent with providing the highest quality mental health care possible and with the efficient administration of the facility.*
- *Act as a responsible information steward and treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.*
- *Not disclose PHI data unless the client (or his or her authorized representative) has properly authorized the release or the release is otherwise authorized by law.*
- *Recognize that, although this practice "owns" the counseling record, the client has a right to inspect and obtain a copy of his/her PHI. In addition, clients have the right to request an amendment to his/her counseling record if s/he believes his/ her information is inaccurate or incomplete.*
- *Provide clients an opportunity to request the correction of inaccurate or incomplete PHI in their counseling records in accordance with the law and professional standards.*
- *This practice will adhere to any restrictions concerning the use of disclosure of PHI that clients have requested and have been approved by this practice*
- *This practice may change this privacy policy in the future.*
- *Any changes will be effective upon the release of a revised privacy policy and will be made available to clients upon request.*

I have read the Privacy Practices and understand their content. I have received a copy and I understand if I have further questions, I may ask the Therapist at any time.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on 2/21/2021

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.