

NOTICE OF PRIVACY

According to the HIPAA Omnibus Final Rule all health care providers and practitioners must maintain the privacy of Protected Health Information (PHI), provide a notice of legal responsibilities and privacy practices, and conduct business in accordance with the privacy notice. As provider, I face legal consequences and potential fines if I do not keep your PHI private. Please review your rights as to how your PHI may be disclosed:

TREATMENT: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with your psychiatrist or other treatment team members. I may not disclose PHI to anyone else unless I have your authorization.

While HIPPA rules allow providers to disclose certain PHI, as a professional counselor, I adhere to more stringent guidelines according to the American Counseling Association’s Code of Ethics. Your PHI will be disclosed only in the following exceptions:

- You authorize me to release or exchange information by signing a release form;
- I suspect sexual abuse, child abuse or elder abuse;
- You are expressing serious, foreseeable, imminent harm to yourself or someone else,
- A court order is issued in a judicial proceeding; or
- To consult with professional colleagues who have expertise relevant to your needs.

You have the following rights with respect to your PHI:

- Right to Access, Copy, Inspect, and Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communication
- Right to Breach Notification and what you can do to protect yourself
- Right to a Copy of this Notice

If you feel your privacy rights have been violated, you can request a meeting with me to discuss your concerns. If you are not satisfied with results of that meeting you may make a complaint to: Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_  
\_\_\_\_\_Check here if client refuses to sign

Effective Date: \_\_\_\_\_

\_\_\_\_\_