**Notice of Privacy Practices**

**Pursuant to the Health Insurance Portability & Accountability Act [HIPAA]**

This notice tells you how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The counselor has a legal responsibility under the laws of the United States and the state of Ohio to keep your health information private. The privacy of your health information is very important to the therapist and she wants to do everything possible to protect that privacy.

Here are some examples of how the therapist can use and disclose information about your health information.

Permissible Uses and Disclosures without your written authorization

The counselor may use or disclose your health information without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. To your physician or other healthcare provider who is also treating you.

2. To any person required by federal, state, or local laws to have lawful access to your treatment program.

3. To receive payment from a third party payer for services we provide for you—if the client has previously given such authorization by way of the insurance provider.

4. To other persons against whom the client has threatened harm or the police if the counselor believes that a danger exists for the client or others.

5. To a family member, a person responsible for your care, or your personal representative in the event of an emergency.

Disclosure with written permission

The therapist may use or disclose your health information to anyone you give her written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want.

Notes recorded by your therapist documenting the contents of a counseling session with you ("Psychotherapy Notes") are not part of your health information. They will be used only by your therapist and will not otherwise be used or disclosed without your written authorization.

Client Rights

The client has the right to request restriction on certain uses and disclosures of protected health information. The counselor may deny any or all of your requested restrictions.

The client has the right to receive health information from the counselor by alternative means or at alternative locations. A written request must specify the alternative means and location.

The client has the right to inspect and copy protected health information unless it is determined by the counselor that such information might endanger the client or someone else. The client can ask for photocopies of health information at a charge of $0.05 per page for making these photocopies.

The client has the right to amend protected health information. However, the counselor might deny such a request if the counselor determines that the information, as it stands, is accurate and complete.

 The client has the right to receive a copy of this “Notice of Privacy Practices” from the counselor upon request.

Duties of the Therapist

 The counselor must maintain the privacy of health information and provide individuals with notice of her legal duties and privacy practices with respect to protected health information. The counselor is to abide by such practices and to notify the client of any new notice provisions by distributing them to the client at the next appointment after such changes are made. It is the administrative responsibility of the counselor in this office to provide security of protected Health Information regarding the client. The office will be maintained for security purposes; client records will not be available for public scrutiny; and sensitive data that is no longer needed for the client’s file will be shredded.

Complaints by the Client

 A client may complain to the therapist and to the Secretary of the U.S. Department of Health and Human Services if he/she believes his or her privacy rights have been violated. The complaint may be made to the therapist directly and/or the Secretary of the U.S. Department of Health and Human Services by contacting [www.hhs.gov/ocr](http://www.hhs.gov/ocr). There will be no retaliation against a client for such a complaint.

**Please initial the correct line and sign**

**\_\_\_\_\_\_\_\_\_** I acknowledge having received a copy of the Notice of Privacy Practices.

\_\_\_\_\_\_\_\_\_ I chose not to receive a copy of the Notice of Privacy Practices.

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Client/parent or guardian signature Date