

# NOTICE OF PRIVACY PRACTICES

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## **HIPPA COMPLIANCE**

Notice of Privacy Practices in compliance with: The Health Insurance Portability and Accountability Act of 1996 (HIPPA)  
Effective Date: October 1, 2009

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Protecting your privacy**

Your privacy is of the utmost importance to me. The information I have about you will be held to the highest levels of confidentiality. I am required by law to give you a notice of my privacy practices and to maintain the privacy of your confidential information. This notice describes the information on my privacy practices. Unless you give me permission in writing, I will only disclose your information when I am ethically or legally required to do so.

### **Confidential Information**

This notice applies to the information and records I have about your counseling, mental health status, and the care of services you will receive during our work together.

### **Use and Disclosure of Protected Health Information Without Authorization**

The law permits me to use or disclose your health information without your written consent or authorization for the following purposes:

**Treatment:** I may use health information about you to provide treatment and services. I may disclose your health information to counselors, supervisors, or administrators who are involved in your treatment. In addition, therapists may share relevant details about your treatment during peer consultation with other counselors and licensed professionals, exclusively for the purpose of enhancing your quality of care.

**Insurance:** If you pursue treatment with in-network or out-of-network insurance reimbursement, I may be required to share elements of treatment with your insurance provider.

**Other Circumstances:** In addition, I may use or disclose your health information for the following purposes without your consent or authorization, subject to all applicable legal requirements and limitations:

- To avert a serious threat to health or safety.
- As required or permitted by law (e.g. cooperation with law enforcement, court officials, or government agencies).
- As authorized by worker's compensation laws or similar programs that provide benefits for work related injuries or illness.
- If you are involved in a lawsuit or a dispute, I may disclose information about you in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose information about you in response to a subpoena. In the event that you file a law suit against me, your health information will no longer be considered and may become part of the case.

### **Use and Disclosure of Protected Health Information That Requires Your Authorization**

Except as provided in the Notice of Privacy Practices, I will not disclose your health information without your written authorization. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you revoke your authorization, I will no longer use or disclose information about you for the reasons covered by your written authorization, but I cannot rescind any uses or disclosures that have been previously made with your permission.

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