



HIPPA PRIVACY NOTICE

This Notice is effective April 14, 2003

The law requires the protection of your mental health information including information about services, payment or past, present, or future mental health care.

Use and Disclosure of Mental Health Information

Authorization: As a general rule, I will not disclose mental health information about you without signed permission from you, (or your legally responsible representative) unless required by state and federal confidentiality laws. If you sign an authorization allowing disclosure, you may later revoke or cancel it, except in very limited circumstances related to insurance coverage.

Treatment: Information obtained about you will be recorded in your record and used to determine the course of treatment, including goals and interventions used.

Payment: Your mental health information will be used for billing and payment.

Examples of Uses/Disclosures Required by Law: Mental Health information will be disclosed whenever required by law. Examples include:

To an oversight agency monitoring the healthcare system or government program.

When presented with a valid court order.

To governmental authority to conduct an investigation regarding abuse and /or neglect.

For law enforcement purposes including an involuntary commitment exam.

Your Rights

In most cases, you have the right to look at or get copies of your records. Your request will be responded within 30 days.

If you believe that your mental health information is wrong or some information is missing in your record, you must request, in writing, a correction. You will receive a response within 60 days of your request. Your request may be denied if the record is correct and complete, or information compiled in anticipation of a civil proceeding. Any denial notice will state the reasons for denial and explain your rights to have the request and denial.

You have the right to ask that we limit how we use or disclose your healthcare information.

Filing a complaint:

If you believe your privacy rights have been violated, or you are dissatisfied with these privacy policies, you may file a complaint within 180 days of when you knew or should have known.

You can file a complaint or grievance in writing to:

Secretary of the US Department of Health & Human Services Region IV,

Office of Civil Rights,

US Dept. of Health and Human Services Atlanta Federal Center,

Suite 3870, 61 Forsyth Street, SW

Atlanta, GA 30303-8909

I have received a copy of the HIPPA policy for David Mabry, LPC (license #4776), Counseling Services.

Name: _____ Date: _____