

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

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITH YOUR CONSENT

We will use the information we collect about you mainly to provide you with the treatment, to arrange payment for our services, and for some other business activities that are called, in the law, health care operations. After you have read this notice we will ask you to sign a consent form to let us use and share your information in these ways. If you do not consent and sign this form, we cannot provide treatment. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

DISCLOSING YOUR HEALTH INFORMATION WITH YOUR CONSENT

There are some times when laws require us to use or share your information. For example:

1. When there is a serious threat to you or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
2. You have the right to look at the health information we have about you, such as your medical and billing records (please note that psychotherapy notes do not fall under this jurisdiction.) You can get a copy of your medical and billing records, but we may charge you for it. Contact our privacy officer to arrange how to see your records. See below.
3. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You must make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.
4. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from the privacy officer.
5. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

If you have any questions regarding this notice or our health information privacy policies, please contact our privacy officer, Louis Laves-Webb, LCSW, LPC-S who can be reached by phone at (512) 914-6635 or by email at louis@louislaveswebb.com

The effective date of this notice is: _____

Client/Parent or Guardian Signature

Psychotherapist Signature & Credentials