



## HIPAA Notice of Privacy Practices

1. This notice describes how medical information about you may be used and disclosed electronically and how you can get access to this information. Please review it carefully.

2. I have a legal duty to safeguard your protected health information (PHI) when I transmit information electronically. I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And I am legally required to follow the privacy practices described in this Notice. However, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with your counselor already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office and on my website. You can also request a copy of this Notice from your counselor, or you can view a copy of it in my office or at my website. WHAT THIS MEANS: This only applies to you if you agree that I can contact you via email or other electronic means, as I cannot guarantee confidentiality through those means. I am bound by law and ethical standards to maintain your confidentiality. Since I cannot guarantee confidentiality through email, HIPAA laws take effect and you control how your private information gets transmitted to you. I will email schedule times and appointment confirmations only if you give your consent to do so. Please sign this Notice, stating that you acknowledge receipt of this Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_