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## **Notice of Privacy Practices**

Effective Date: June 17, 2010

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.

#### Allowable Use of Private information:

All information will be kept confidential except for reasons of legal or ethical obligation. The only exceptions will be if you give written permission to disclose information and/or for purposes of business operations. An example of business operations would be collecting payment for treatment.

#### Duty:

I have a duty to protect your private information. Reasonable steps to protect your privacy are implemented with electronic and paper copies containing personal information. Such steps include; (1) Encryption of information passed electronically, when possible; (2) Password protection of information that is stored electronically; (3) Security of all private information by lock and key; (4) When possible multiple steps will be take simultaneously.

### Client rights:

- 1) To expect that I have met the minimal qualifications of training and experience required by state law;
- 2) To examine public records maintained by the Board and to have the Board confirm credentials of licensee:
- 3) To obtain a copy of the Code of Ethics;
- 4) To report complaints to the Board;
- 5) To be informed of the cost of professional services before receiving the services;
- 6) To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
  - a) Report suspected child abuse;
  - b) Reporting imminent danger to client or others;
  - c) Reporting information required in court proceedings or other relevant agencies;
  - d) Providing information concerning intern case consultation or supervision;
- 7) To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Department of Health and Human Services within 180 days of when you know or should know there to be a violation at:

Office for Civil Rights
Department of Health and Human Services
Attn: Patient Safety Act
200 Independence Ave., SW, Rm. 509F
Washington DC 20201
(202) 619-0403
TDD 1-800-537-7697
FAX: (202) 619-3818

http://hhs.gov/ocr/privacy/psa/complaint/index.html