

## Notice of Privacy Policies and Practices

The following notice describes how your medical information may be used and made known, and how you can get access to this information.

- Your private healthcare information may be released to other healthcare professionals within the purpose of providing appropriate care.
- Your private healthcare information may be released to your insurance company for the purpose of payment for providing you with needed healthcare services.
- Your private healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your private healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your private healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your private healthcare information may be released only after receiving written permission from you. You may withdraw your permission to release private healthcare information at any time.
- You may be contacted to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be asked to obtain blood work and/or urine drug screenings to ensure we are providing the most complete care possible. Refusal to comply may result in discontinuation of services.
- You have the right to limit the use of your private healthcare information. However, the agency may choose to refuse your limitation if it is in conflict of providing you with quality healthcare or in the event of an emergency.
- You have the right to receive private communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your private healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- We keep private all patient healthcare information and will provide patients with a list of duties or practices that protect private healthcare information.
- We will abide by the terms of this notice. The agency reserves the rights to make changes to this notice and continue to maintain the privacy of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to the agency if you believe your rights to privacy have been violated.

---

(Patient Signature/Patient's parent or legal guardian)

---

(Date)

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY (HIPAA) AGREEMENT

I, \_\_\_\_\_, acknowledge that I have received a copy of the “HIPAA Privacy Policy Acknowledgement Agreement” form. This notice describes how the practice may disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

-----  
(Client Signature/Client’s parent or legal guardian)

-----  
(Date)