Graphical user interface

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**1313 Lyndon Lane Suite 208  
Louisville, KY 40222  
502-509-3088**

***This notice describes how medical information about you may be used and/or disclosed and how you may get access to information.  Please read carefully.***

**HIPAA Authorization**

All information contained in your record is confidential and disclosed only to authorized persons, including public health authorities such as the Department of Public Health and Human Services, Adult Protective Services, HCFA representatives or their designees.  Additionally, bi-annual reviews are made by Human Rights and Behavior Intervention Committees (professional committees bound by the standards of confidentiality) to ensure best practices. Participant records are available at all times to you and/or your legal representative with processing time.  Written release by you and/or your legal representative must be obtained before another party may review your file.

1. You have the right to have your records treated as confidential information.  You also have the right to give written consent before information is released to sources not authorized by law to receive it.
2. If you do not understand this authorization, tell your mental health professional and they will explain it to you.
3. Hope Counseling Center PLLC, upholds the federal regulations that govern the protection and privacy of participant medical records as established by the Privacy rule contained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
4. You have a right to cancel this authorization at any time except: to the extent information has already been shared based on this authorization, or to obtain insurance coverage. To cancel this authorization, it must be made in writing to your mental health professional and to your insurance company.
5. If mental health records are subpoenaed by an adverse party, we will assert the psychotherapist-patient privilege on behalf of the patient and will thereafter act according to the wishes of the patient and the patient’s attorney, unless we are ordered by a Court or other lawful authority to release records or portions thereof.
6. Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from the right to access to your records.
7. Once this information leaves this office, according to the terms of the agreement, we have no control over how it will be used by the recipient. You need to be aware that your information may not be protected by HIPAA at this point.
8. If you believe your rights have been violated, you are encouraged to speak with Sheri Puckett, LMFT (privacy officer) (502)509-3088 and/or other providers where applicable.  You or your legal representative may be referred to the agency grievance procedures in order to express concerns or make a formal complaint.