



Privacy Form

It is the goal of our agency to protect the privacy and confidentiality of individuals seeking counseling help from Janelle L. Williams, LPC. We are required to inform you about the following areas due to Federal Privacy Regulations and Federal Law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Client Records.

Our agency keeps a record of the services you receive from us. The purpose of this record is to store information that helps your counselor give you the best care we can possibly offer. Your records include the reasons you are seeking help, pertinent background information you give us, progress notes that the counselor makes about your sessions, a plan of care, and, in some cases, a diagnosis.

Release of Information.

From time to time, we may be asked to disclose information to others who are providing services to you. In these cases, you will be asked to sign a consent form, which authorizes your counselor to share about you with others who are also serving you. You may also be asked to sign a consent form for us to release information to your insurance company so they can properly process your claims.

Contacting You Regarding Appointments.

We realize that some individuals may not want us to call them, either at their home or business, to cancel, change, or confirm an appointment. If you have a preferred way for us to reach you, please let us know and we will strive to be sensitive to your wishes in this area.

If you have questions about these policies, please feel free to contact Janelle Williams.

Signature {Required}

I/We have received and reviewed this agency's Privacy Notice that describes how my information may be used or disclosed as required by Federal Law. By signing below, I/we am/are agreeing to the terms above and to receive counseling services from Janelle L. Williams, LPC.

Printed Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____