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NOTICE OF PRIVACY PRACTICES AND RIGHTS

Effective Date: November 11, 2018

The Health Insurance Portability and Accountability Act (HIPAA) have created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law”, HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient record (“privacy rules”) and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care providers and health care agencies throughout our country are now required to provide patients with a notification of their privacy rights as it relates to their health care records.

Please read this document, as it is important that you know what patient protections HIPAA affords all of us. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification. By law, we are required to secure your signature indicating that you have received this Patient Notification of Privacy Rights Document.

Patient Rights

You have the right to:

- Ask questions about any part of the psychotherapy session.
- End psychotherapy at any time without any moral, legal or financial obligations other than those already accrued.
- Review the information in your files at any time with proper notification and in consultation with your psychotherapist.
- Request a release of the information in your psychotherapy files to any person or agency you designate.
- Request changes to your records.
- File a complaint if you feel your rights are violated
 - You can complain if you feel I have violated your rights by contacting me. To file a complaint, contact my office at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - I will not retaliate against you for filing a complaint.

I, _____ (Print Your Name), understand and have been provided a copy of the Patient Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights concerning these matters. I understand that a more detailed version of this notice is available upon request and online at www.womblecounselingservices.com.

I understand that I have the right to review this document before signing this acknowledgment form.

Patient Signature or Legal Guardian if Minor

Date _____ / _____ / _____