

FINDING PEACE COUNSELING, LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

OUR COMMITMENT TO YOUR PRIVACY:

We understand how important maintaining privacy of your personal health information is, and we are dedicated to doing just that. We are also required by law to maintain current privacy practices. Disclosure law is complicated, but important information will be provided. We cannot cover all possible situations, so please seek legal advice about any questions or problems concerning your legal rights as it relates to your treatment.

We will use information obtained about your health, obtained by you or others, primarily for the purpose of providing you with the best treatment possible. This information will be used to arrange for payment of services, including the use of collections agencies; or for some other business activities, considered health care operations. After you have read this notice, please sign the Consent for Treatment Form. This will allow us to use and share your information, as required; without this, we cannot provide treatment.

If we (or you) desire to use or disclose (send, share, release) your information for any purpose, other than ongoing treatment, we will discuss this and ask you to sign an authorization form regarding that disclosure.

Health information will be kept private, but there are times when we are required to release information, per the law:

1. A serious threat to your health and safety, or the health and safety of another individual or the public.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers compensation and other similar benefit programs.

There are other situations, but those do not happen regularly.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can ask for us to communicate with you about your health and related information in a particular way, or certain place. For example, to call you at your home and not at work to schedule or cancel an appointment. Once agreed upon, the agreement cannot change without your authorization.
2. You have the right to ask for limited information to be shared with individuals involved in your care or the payment of your care, such as family or friends.
3. You have the right to request the health information we have, such as your medical and billing records notes. You also have the right to:
 - a. Ask for and receive information about a therapist's qualifications, including licensure, education, training, experience, special areas of practice and limits on practice.
 - b. Written information, before therapy, about fees, methods of payment, insurance coverage, and number of sessions likely needed, substitute therapists (vacations and emergencies), and appointment cancellations.
 - c. Refuse video or audio recording of sessions.
 - d. Refuse to answer any questions, or not provide information you do not wish to disclose.
 - e. Know if your therapist will discuss your case with supervisors, other consultants or students.
 - f. Ask the therapist to inform you of any progress.
4. You have the right to request to amend your records.
5. You have the right to request an accounting of disclosures.
6. You have the right to file a complaint.

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While we do not have to agree to any requests, if we do agree, we will keep our agreement to you, with the exception if an emergency, it is against the law, or if the information is necessary to treat you.

REPORT PROBLEMS OR VIOLATIONS

If you have any issues regarding your treatment, please speak with your counselor, Mindy Falkner or Brittany Crooks. You may also contact the Wyoming Mental Health Professions Licensing Board at: 2001 Capitol Avenue, Suite 104, Cheyenne, Wyoming 82001, Telephone 307.777.7788.

Name of Client: _____

Signature of Client: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Client: Self Parent Guardian