

## **Your rights regarding your health information**

1. **Communications:** You can request that this practice communicate with you about your health and related issues in a particular or at a certain location. For instance, you may ask that we contact you at home, rather than work. Reasonable requests will be accommodated.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that your health information be restricted to only certain individuals involved in your care or the payment of your care, such as family members and friends. There is no requirement that your request be honored. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain copy of the health information that may be used to make decisions about you, including medical and billing records, but not including psychotherapy notes. You must submit your request in writing to Paulette R. Eason, LCPC CADC. For further information, call, 773-238-5555.
4. You may request that your health information be amended if you believe it is incorrect or incomplete, if the information is kept by or for this practice. To request an amendment, your request must be made in writing and submitted to Paulette R. Eason, LCPC CADC. For further information call 773-238-5555.
5. **Right to a copy of this notice.** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask for a copy of this notice at any time. To obtain a copy of this notice, contact Paulette R. Eason LCPC CADC. For further information call 773-238-5555.
6. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with this practice, or with the Secretary of the Department of Health and Human Services. To file a complaint with this practice, contact Paulette R. Eason LCPC CADC at 773-238-5555.
7. **Right to provide an authorization for uses and disclosures.** This practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable Law.

If you have any questions regarding this notice or the health information privacy policies of this practice, please contact Paulette R. Eason LCPC CADC, call 773-238-5555.

I hereby acknowledge that I have been presented with a copy of the Notice of Privacy Practice of Paulette R. Eason LCPC CADC.

---

Signature

---

Printed Name

Date