



Lavick Counseling Services

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can obtain access to it. Please review carefully and ask questions if needed.

1. Your medical records are used to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include, but are not limited to, review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminders, and records review to ensure completeness and quality of care. Use and disclosure of medical records is limited to the internal use outlined above except as required by law or authorized by the client or legal representative.

2. Federal and state laws require abuse, neglect, domestic violence and threats to be reported to protective agencies. If such reports are made they will be disclosed to you or your legal representative unless disclosure increases risk of further harm.

3. Disclosed information will be limited to the minimum necessary. You may request an account of any uses or disclosures other than those described in Sections 1 and 2.

4. You, or your legal representative, may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identify the person authorized to request the release, specify information you want disclosed, the name and address of the entity to whom you want information release, purpose and the expiration date of the authorization. Any authorization provided may be revoked at any time in writing. We have 30 days to respond to any disclosure request.

5. You may request corrections to your records.

6. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person, requested information references other persons, other than another healthcare provider, or if releases to a legal representative would likely result in harm.

7. If a request for disclosure is denied for reasons outlined in Section 6, you or your legal representative may request review of the denial. A review will be conducted by another licensed healthcare provider appointed by the original reviewer, who was not involved in the original decision to deny access. A review will be concluded within 30 days.

8. You may request that we restrict uses and disclosures outlined in Section 1. However, we are not required to agree to the restrictions. If an agreement is made to restrict use or disclosure, we

will be bound by such restriction until revoked by you or your legal representative orally or in writing except when disclosure is required by law or in an emergency. We may also revoke such restrictions but information gathered while required by law or in an emergency. We may also revoke such restrictions but information gathered while the restriction was in place will remain restricted by such an agreement.

9. If you wish to file a complaint about privacy related issues you may contact the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. In any case there will be no retaliation against you or your legal representative for filing a complaint.

10. This agreement may be modified or amended as required by law or in the course of health care operations, at which time you will be notified of such.

I HAVE READ AND UNDERSTAND THIS PRIVACY NOTICE AND MY RIGHTS CONCERNING USE AND DISCLOSURE OF PROTECTED HEALTHCARE INFORMATION.

Pennie Holmes
Individual or Legal Representative - please print

2/26/24
Date

Pennie Holmes
Signature of Individual or Legal Representative

2/26/24
Date