

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective 06/20/2017

Following the date should be a statement outlining that you only release information in accordance with state and federal laws and the ethics of the counseling profession.

This notice describes Your Tranquil Life's policies related to the use and disclosure of the client's healthcare information.

Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

**TREATMENT** Use and disclose health information to:

- Provide, manage or coordinate care
- Consultants
- Referral sources

**PAYMENT** Use and disclose health information to:

- Verify insurance and coverage
- Process claims and collect fees

**HEALTHCARE OPERATIONS** Use and disclose health information for:

- Review of treatment procedures
- Review of business activities
- Certification
- Compliance and licensing activities

**OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT**

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives
- As required by law

**CLIENT RIGHTS:**

In the Notice of Privacy Practices counselors are required to inform clients as to their rights under state and federal law.

Right to request where we contact you

How may we contact you \_\_\_\_\_

**Right to release your medical records**

- Written authorization to release records to others
- Right to revoke release in writing
- Revocation is not valid to the extent that you have acted in reliance on such previous authorization

**Right to inspect and copy your medical billing records**

- Right to inspect and copy records
- Counselor may deny this request
- Charges for copying, mailing, etc.

**Right to add information or amend your medical records**

- May request to amend record
- Number of days to decide
- May deny the request
- If denied, right to file disagreement statement
- Disagreement state and your response will be filled in the record
- Amendment request must be in writing

I have received a copy of this notice and have read it.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_