

## NOTICE OF PRIVACY PRACTICES

Margaret Certain, MA, LMFT

Purpose: Recognizing the trust you place in me as your counselor, I am committed to protecting the privacy of your personal information<sup>[1]</sup>. I am also required by law to maintain this privacy, and to provide you with this detailed Notice of my legal responsibilities and privacy practices relating to your personal healthcare information. This is a legal document required by new federal regulations and therefore contains specific legal terms specified in federal law.

Record Keeping Practices: Standard practice requires me to keep an official record of your therapy process, including a general description of your emotional or psychological functioning, a diagnosis if required for insurance purposes, agreed-upon treatment goals, a list of symptoms, any medications, and some description of your progress throughout the time we work together.

Your Rights Relating to Your Personal Healthcare Information: You have specific legal rights relating to your personal healthcare information. First, I am required by law to maintain the privacy of your information and to provide you with this document describing my legal duties and privacy practices with respect to the information I maintain about you. You also have the following rights:

- To inspect and receive a copy of your personal healthcare information for as long as I maintain it. I am permitted to charge a reasonable, cost-based fee for copies. Only in certain limited circumstances may this right be restricted.
- To request that I amend your personal healthcare information if you believe that it is incorrect or incomplete. I am not required to agree to the amendment, but you have the right to file a statement of disagreement with me and I am allowed to prepare a rebuttal to your statement— all of which will go into your official record.
- To request restrictions on certain uses and disclosures of your healthcare information for purposes of treatment, payment or operations of my practice. You may also request that any part of your personal healthcare information not be disclosed to your family members or friends who may be involved in your care. Please be advised that I am not required to agree to such a request. If I believe it is in your best interest to make such disclosures, I will not honor your restriction request.
- To request confidential communications from me by alternative means or at an alternative address. I will accommodate reasonable requests and will not require an explanation of your request. I may condition an accommodation on your providing information as to how payment will be handled, and/or for an alternative address or other method of contact.
- To receive a copy of the required accounting of disclosures that I make of your personal healthcare information. This accounting documents non-routine disclosures or those made for purposes other than treatment, payment or operations of my practice. It also excludes disclosures I may have made to you or disclosures made at your request and accompanied by a specific written authorization of disclosure.
- To file a written complaint with me and/or with the Secretary of Health & Human Services. I will not retaliate against you for filing such a complaint.

Sign \_\_\_\_\_ Date \_\_\_\_\_

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<sup>[1]</sup> This specific legal term refers to any information either I create (whether electronically or on paper) as a result of providing services to you, or receive about you that relates to your past, present, or future health, or payment for your healthcare, and that identifies you or which could conceivably be used to identify you.