



HIPAA ACKNOWLEDGEMENT



Notice of Privacy Practices---HIPAA Compliance

- This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. You have a right to a copy of this notice.
- We have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.
- The law permits us to use or disclose your health information to those involved in your treatment.
- We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to the insurance company.
- We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.
- We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.
- We may use your information to contact you. For example, we may call to remind you of your appointments. If you do not answer the phone, we may leave this information on your answering machine or with the person who answers the telephone.
- In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. With your written consent we will mail or fax copies of your records to another practice.
- You have the right to see and receive a copy of your health information, with a few exceptions. A written request regarding the information you want to see is required. If you also want a copy of your records, we may charge you a reasonable fee for the copies.
- You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add the new information.
- If we change any of the details of this notice, we will notify you of the changes in writing.
- You may file a complaint with the Department of Health and Human Services, 200 Independence Ave., S.W Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.
- This notice goes into effect as of September, 2003.

Acknowledgement

I have received a copy of Higgins Counseling Service notice of privacy practices.

SIGNED

DATE

PRINT NAME

If signing as parent or guardian, please note the name of the patient _____

