

Laurie A. Miles, LCSW

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the right to:

~ inspect and copy your protected health information;

~to request an amendment to your protected health information. If I deny your request for amendment, you have the right to file a statement of disagreement and the disputed information will be put in your record.

~an accounting of the disclosures that I may have made for purposes other than treatment, payment or healthcare operation. It excludes notifications to another party for which I have secured either a written or verbal authorization from you and notifications in case of imminent harm or danger or abuse or neglect of children, infirm adults or animals.

-request restrictions or limitation on the use or disclosure of your information for treatment, payment or healthcare operations. I am not required to agree with this request.

~request that I communicate with you about your health information in a certain way or a certain location (known as confidential communication). I may also condition this request with specification of an alternative mode of contact and physical address.

-receive a copy of this notice.

Complaints may be filed in writing to me and/or the Secretary of Health and Human Services, 200 Independence Avenue, S.W., Washington D.C. 20201. (202) 619-0257. You may file a complaint without fear of retaliation

Notice Of Privacy Practices -Receipt and Acknowledgment of Notice

Please sign and date to acknowledge that you have been given the opportunity to read this Notice of Privacy Policies. This will be placed in your client file to indicate that you have been provided with a copy as required by law.

Client Name _____ Date of Birth _____

Signature of Client (if over 18) Date

Signature of Parent or Guardian Date