



YOUR HEALTH INFORMATION PRIVACY RIGHTS

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain privacy rights concerning your health care information. Under this law your health care provider generally cannot give your information to your employer, use or share your information for marketing or advertising purposes, or share private notes about your mental health counseling sessions without your written consent. As one of your health care providers it is our responsibility to keep your information safe and secure. We also need to make sure that your information is protected in a way that does not interfere with your health care. It is important that you understand that your information can be used and shared in the following ways:

- For your treatment and care coordination. Multiple health care providers may be involved in your treatment directly and indirectly.
- With your family, friends, relatives, or others that you identify who are involved in your health care or health care bills.
- To protect the public’s health, such as reporting when the flu is in your area.
- To make required reports to the police, such as gunshot wounds.
- Obtain payment from third party payers.

In order to provide you with service that best meets your privacy needs, please tell us how best to contact you when needed. Please check all that apply:

- Please do not phone me at home. Use this alternate phone number: \_\_\_\_\_
- Please do not phone me at work. Use this alternate phone number: \_\_\_\_\_
- Please do not leave messages on my answering machine.
- Please do not contact me by email.
- Please send mail, including my bills, to this alternate address:

\_\_\_\_\_

\_\_\_\_\_

Other request (please describe): \_\_\_\_\_

**Please be aware that e-mail is not a secure communication and that discussion of your medical care will become part of your medical records.**

Patient Name (Please Print. Include parent/guardian name if patient is a minor.)

\_\_\_\_\_  
Patient Signature (Parent/guardian signature if minor)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_

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