

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to inspect and copy: In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

Right to amend: If you feel there is a mistake or missing information in our record of your PHI, you may ask us to correct it or add to the record. Your request must be made in writing, and you must provide a reason that supports your request. We may deny your request under certain circumstances. Any denial will state the reason for the denial and explain your rights to have the request and the denial, along with any statement in response you provide, appended to your PHI.

Right to know what health information we have released: You have the right to ask for a list of disclosures made of your PHI made on or after April 14, 2003, for the purposes other than those listed in the privacy notice. You must request the list in writing and state the period of time the list should cover for a period no longer than six (6) years. The first request within a twelve (12) month period will be free.

Right for the rule of Duty to Maintain Confidences—We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information. We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If we make a change in our privacy terms the change will apply for all of our health information in our files.

Exceptions to the rule of Duty to Maintain Confidences -

Subpoena or court order, injuries inflicted by violence, child abuse, elder abuse, communicable diseases, foreseeable harm to third parties or self.

Right to request restrictions: You have the right to ask us to limit how your PHI is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom the limits apply. For example, you could request that we not disclose to your spouse information about a blood test you received. We are not required to agree to your request, if we agree, however, we will comply with your request unless the information is needed to provide you emergency treatment of the information can be disclosed without your authorization.

Right to confidential communications: You have the right that we communicate with you in a certain way or at a certain place. For example, you may ask us to send information to your work address, instead of your home address. You must make your request in writing. You will not have to explain your request. We will honor all reasonable request.

Right to authorize release information: Other releases of your PHI can only be made if you request it and you can change your authorization at any time. This involves you signing an exchange of information form.

Right to a paper copy of this notice: You have a right to a paper copy of this notice at any time. We reserve the right to change our privacy practices and this notice at any time.

HOW TO GET MORE INFORMATION OF COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, please contact the Privacy Officer listed below. If you believe we have violated your privacy rights, you may file a written complaint with the agency listed below. You will not be affected by filling a complaint.

TN Department of Health's Privacy Officer
Bureau of Health Informatics
Sixth Floor, Cordell Hill Building
425 Filth Avenue North
Nashville, TN 37247-0460

887-280-0054
Fax: 615-532-1886

DOCUMENTATION OF NOTIFICATION

I have been given the NOTICE OF PRIVACY PRACTICES, which describes the Privacy Practices of Counseling Professionals, and I have had a chance to read it and ask questions.

I have accepted _____ declined _____ a copy of this notification.

Client Signature

Date
