HIPAA NOTICE OF PRIVACY PRACTICES

Healing Strides Counseling Services, LLC

135 East Erie Street

Suite 303

Kent, OH 44240

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective, April 14, 2003

**Use and disclosure of protected health information for the purposes of providing services.**

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allows us to use and disclose your health information for these purposes.

I give Healing Strides Counseling Services, LLC my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations like quality reviews. I have been informed that I may review Healing Strides Counseling Services, LLC Notice of Privacy Practices before signing this consent.

I understand that Healing Strides Counseling Services, LLC has the right to change their privacy practices and that I may obtain any revised notices.

I understand that Healing Strides Counseling Services, LLC has the right and responsibility to disclose my personal information without my consent under the following conditions: mandated reporting, emergencies, criminal damage, appointment scheduling, treatment alternatives and as required by law.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that Healing Strides Counseling Services, LLC is not required to agree to the request. If Healing Strides Counseling Services, LLC agrees to my requested restriction, they must follow the restrictions.

I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If signed by patient representative, state relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client rights:

Right to request where we contact you

* Home yes or no
* Work yes or no
* Cell Phone yes or no
* If not, how may we contact you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Right to release your medical records

* The authorization to release records to others must be received in writing
* Healing Strides Counseling Services, LLC has the right to revoke this release request
* The revocation is not valid to the extent that we have acted in reliance on such previous authorizations.

Right to inspect and copy your medical billing records

* You have the right to inspect and copy records
* Your counselor may deny this request

Right to add information or amend your medical records

* You have the right to request an amendment to your record.
* You have five days to decide on any amendments from time of mailing or picking up of the record.
* Healing Strides Counseling Services, LLC may deny this request.
* If this request is denied, you have the right to file a disagreement statement.
* The written disagreement statement and our response will be filed in the record.
* All amendment requests must be received in writing.

Right to accounting of disclosures

* Healing Strides Counseling Services, LLC has the right to accounting of disclosure for a six year period beginning with 4/14/03
* Exceptions:
  + Disclosure for treatment, payment or healthcare operations
  + Disclosures pursuant to a signed release
  + Disclosure made to client
  + Disclosures for national security or law enforcement

Right to request restrictions on uses and disclosures of your healthcare information

* These requests must be in writing.
* Healing Strides Counseling Services, LLC is not obligated to agree

Right to complain

* Please contact your counselor with any complaints as a first line of resolution.
* If you are not satisfied, you have the right to complain to the U.S. Dept. of Health and Human Services.
* There will be no retaliation for your complaint by this office.

Right to receive changes in policy

* You have the right to receive any changes in our privacy documents.
* You may make this request to any privacy officer.