**Elissa Knight, LICSW, PLLC**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVEIEW THIS NOTICE CAREFULLY.**

This document may be updated without notice so please review it each time you visit. A copy of this statement is always available upon request. All information revealed by you in a counseling session and most information placed in your file (all medical records or other individually identifiable health information held or disclosed in any form [electronic, paper, or oral] is considered protected health information by HIPAA. As such, your protected health information cannot be distributed to anyone else without your express informed and voluntary written consent or authorization. The exceptions to this are defined immediately below. Additional information regarding your rights as a client can be found in the disclosure statement.

**Use or disclosure of the following protected health information *does not require* your consent or authorization:**

1. Uses and disclosures required by law (like files court-ordered by a judge)
2. Uses and disclosures about victims of abuse, neglect, or domestic violence (like duties to warn explained in the Disclosure Statement)
3. Uses and disclosures for health and oversight activities (like correcting records or correcting records already disclosed)
4. Use and disclosures for judicial and administrative proceedings (like a case where you are claiming malpractice or breech of ethics)
5. Uses and disclosures of law enforcement purposes (like if you are trying to harm someone else)
6. Uses and disclosures to avert a serious threat to health or safety (like calling Probate court for a commitment hearing)
7. Uses and disclosures for Worker’s compensation (like the basic information obtained in therapy/counseling as a result of your worker’s compensation claim)

**Your Rights as a Patient under HIPAA:**

1. As a client, you have the right to see your file, unless it would endanger your health or another person’s health or safety. Psychotherapy notes are afforded special privacy protections under HIPAA regulations and are excluded from this right.
2. As a client, you may obtain a copy of your treatment, or a summary of your treatment. There is a standard administrative fee for copies. A fee for a treatment summary may apply.
3. As a client, you have the right to request amendments to your counseling/therapy file.
4. As a client, you have the right to receive a history of all disclosures of protected health information. You will be required to pay any copying fees @ 20 cents per copy.
5. As a client, you have the right to restrict the use and disclosure of your protected health information for the purpose of treatment, payment, and operations. If you choose to release any protected health information, you will be required to sign a Release of Information form detailing exactly to whom and what information you wish to disclose.
6. As a client, you have the right to register a complaint with the Secretary of Health and Human Services if you feel your rights, herein explained, have been violated.

Prior to your treatment, you will be offered an exact duplicate of these pages and the Professional Disclosure Statement for your personal records. It will be necessary for you to sign stating that you have received, read, and understood both documents. This signature will be place in your file. Please do not sign if you do not understand any part of the HIPAA Client’s Rights or the Disclosure Statement. I will be happy to explain these documents further.

If more than one individual is seeking counseling, please have each party sign.