

# HIPAA NOTICE OF PRIVACY PRACTICES

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

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office, whether made by your personal provider or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your right to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

## Health Information Privacy Rule

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that is currently in effect.

How we may use and disclose health information about you:

- for treatment
- for payment
- for health care operations
- for appointment reminders
- as required by law
- public health risks
- health oversight activities
- lawsuits and disputes
- law enforcement
- inmates
- coroners, health examiners and funeral directors
- national security
- worker's compensation
- as required by the Military or Veterans
- to avert a serious threat to health and safety

Your rights regarding Health Information about you:

- Right to an accounting of disclosures
- Right to request confidential communications
- Right to a paper copy of this notice
- Privacy rules exempt from the right of access the following protected health information: psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, or information held by certain research laboratories. For information included within the rights of access, covered entities may deny an individual access in certain specified situations, such as when a health care professional believes access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion. Covered entities may impose reasonable, cost-based fees for the cost of copying and postage.

Changes to this Notice

We reserve the right to change this notice. We will post a copy of the current notice in our facility with the current effective date on the first page.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please direct complaints to:



## **Serenity Counseling**

L. Janeen Gill, MS  
LMHP, LMHP, LPC, PCDC  
1800 East 4th St STE H  
North Platte, NE 69101-4393

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
Date

This form will be retained in your medical record