

## HIPAA NOTICE OF PRIVACY PRACTICES

*This Notice describes how medical/mental health information about you may be used and disclosed, and how you may obtain access to this information. Please review it carefully.*

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I, Patrick McGinnis, am dedicated to protecting your medical/mental health information and will only release information in accordance with state and federal laws and the ethics of the counseling profession.

### **Uses and Disclosure of Protected Health Information**

I maintain the confidentiality of your mental health information as required by law. I will use your protected health information for the purpose of providing counseling services, obtaining payment for service, and conducting related service operations. Your information may be used or disclosed *only* for these purposes unless you have requested and signed an *Authorization for Release of Information*. The above-mentioned disclosures and any communication to you may be made orally, in writing, by facsimile, or by telephone.

### **Treatment**

I will use your protected health information to provide, manage, and/or coordinate care and related services. This includes the coordination with your health care provider if applicable, consultants, and potential referral sources.

### **Electronic Storage and Transmittal of Information**

Portions of your protected information will be stored as electronic data in my possession. Reports, insurance billing, etc, may be sent to the authorized receiver electronically such as by email or fax. We may have contact with each other by telephone or email during or after your treatment. You acknowledge that while every attempt will be made to ensure your privacy that these transmittal methods are not totally foolproof and cannot be guaranteed.

### **Other Uses or Disclosure of Your Information NOT Requiring Your Consent**

There are some instances where I may be required to use and disclose information without your consent, such as, but not limited to: ■ Information that you and/or your child(ren) provide about physical or sexual abuse which, under Florida State Law, I am obligated to report to the Department of Children and Families; ■ Information leading me to believe that you are in danger of harming yourself or others; ■ Information shared with law enforcement if a crime is committed on my premises; ■ Information as required by law, such as a Court Order.

I/we have read and received a copy of this HIPAA "Notice of Privacy Practices."

CLIENT NAME (print) \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_