HIPAA NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

This notice if yours to keep. You may request additional copies from Dr. Viere

RIGHT TO REQUEST WHERE WE CONTACT YOU (INDICATED ON THE CLIENT INFORMATION FORM)

RIGHT TO RELEASE YOUR MEDICAL RECORDS

• Written authorization to release records to others. In order to talk to anyone about your medical information, your counselor will consult with you and get your permission to do so in writing with your signature approving their authorization to share information.
• Right to revoke release in writing any releases of information or records at any time of your choosing. You have the right to revoke any release of information you have authorized at any time by submitting your revocation to your clinician.
• Revocation is only valid from the time of its submission to your clinician. Revocation of any release can not be made retroactively.
• Your clinician may release necessary information to your primary care physician, emergency health personnel or law enforcement if necessary to preserve the health and/or safety of yourself or someone else.

RIGHT TO INSPECT AND COPY YOUR MEDICAL BILLING RECORDS

• You may request in writing any copies of your medical billing information. It will need to be addressed to your clinician with the correct date. A copy will be provided seven (7) business days from the date that the request is received.
• Your counselor has the right to deny this request if it would be in your best interests.
• Charges for copying and mailing any documentation will be billed to you. The cost is 25 cents per page and the current postal rate for First Class Mail if you choose to have it mailed to you. If you require more expensive mailing delivery, charges will be applied for that rate. You will need to include your choice of mailing in your written request.

RIGHT TO ADD INFORMATION OR AMEND YOUR MEDICAL RECORDS

• You may request to amend your record in writing after speaking with your clinician.
• Your counselor has ten (10) business days from the time of receipt to decide on your request.
• Your counselor has the right to deny your request. Any denial will be given to you in writing after speaking with you.
• If denied, you have the right to file a disagreement statement.
• Your disagreement statement and your counselor's response will be filed in the record.

RIGHT TO ACCOUNTING OF DISCLOSURES

• You have the right to know how many times your counselor has contacted your doctor. It is our practice to discuss with you any reason to talk to someone about you prior to contacting anyone, even if you have already signed a release form for your counselor to talk to that person.
• You may request in writing a log of any of the following disclosures:
• Disclosure to treatment, payment, or healthcare operations such as your insurance company.
• Disclosures pursuant to a signed release, such as a family physician, probation officer, attorney or anyone else you have authorized in writing.
• Disclosure for national security or law enforcement.

RIGHT TO REQUEST RESTRICTION ON USES AND DISCLOSURES OF YOUR HEALTHCARE INFORMATION

• Your request must be in writing.
• Your counselor is not obligated to agree.

RIGHT TO LODGE A COMPLAINT

You have the right to lodge a complaint about your treatment at any time. Since your clinician is providing the treatment, the expectation is for you to first contact them. If, after having done so, you feel the need to complain to someone else, you may do so. The local state advocate office in Richmond and the U.S. Department of Health and Human Services are two agencies your clinician is required by law to recommend you to lodge a complaint. Be advised that if you do choose to complain after talking with your clinician, there will be no retaliation on your clinician's part.

RIGHT TO RECEIVE CHANGES IN POLICY

In the event a policy is changed at this practice, your clinician is legally obligated to inform you. That is your right and their obligation.