

NOTICE OF PRIVACY PRACTICES

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.

Stenzel Clinical Services, Ltd. established 12-1-03

Stenzel Clinical Services, Ltd. only releases information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes our policies related to the use and disclosure of our client's healthcare information.

“Use and disclosure of protected health information for the purpose of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.”

TREATMENT We use and disclose health information to:

- Provide, manage or coordinate care
- Consultants
- Referral sources

PAYMENT We use and disclose health information to:

- Verify insurance and coverage
- Process claims and collect fees

HEALTHCARE OPERATIONS We use and disclose health information to:

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training
- Compliance and licensing activities

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives
- As required by law

I have read and received a copy of this document outlining notice of privacy practices

Signature: _____

Date: _____

CLIENT RIGHTS

In the Notice of Privacy Practices counselors are required to inform clients as to their rights under state and federal law.

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

- Written authorization to release records to others
- Right to revoke release in writing
- Revocation is not valid to the extent that you have acted in reliance on such previous authorization

Right to inspect and copy your medical billing records

- Right to inspect and copy records
- Counselor may deny this request
- Charges for copying, mailing, etc.

Right to add information or amend your medical records

- May request to amend records
- Number of days to decide
- May deny the request
- If denied, right to file disagreement statement
- Disagreement state and your response will be filled in the record
- Amendment request must be in writing

Right to Accounting of disclosures

- For a six year period beginning with date the counselor came in to compliance
- Exceptions:
 - Disclosure for treatment, payment or healthcare operations
 - Disclosure 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

- Must be in writing
- You are not obligated to agree

Right to complain

- Please contact you first
- If not satisfied, right to complain to the U.S. Dept. of Health and Human Services
- No retaliation

Right to receive changes in policy

- May request any future changes
- Request to privacy officer