

HIPAA NOTICE OF PRIVACY PRACTICES

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

I. Understanding Your Health Information

As a client of Resilience Counseling LLC, and other health care providers, a record is kept of your visit. This record, typically referred to as a case record, contains your reason for seeking services, background information, goals, and progress. Although the case record is the property of Resilience Counseling, LLC, the information within the record belongs to you. This information is considered your "Protected Health Information" (PHI) and is afforded certain protections under the law.

II. How We Can Use Your Health Information:

- Service • Payment • Duty to Warn • Public Health • Emergencies • Health Care Operations
- Charges Against the Agency • When required by law Resilience Counseling, LLC will release only the minimum amount of information necessary to accomplish the purpose of the use or disclosure. In any other situation, Resilience Counseling, LLC will request your written authorization before using or disclosing any of your identifiable health information. If you choose to sign such an authorization to disclose information, you can revoke that authorization at any Notice of Privacy Practices time to stop future uses/disclosures.

III. Your Rights Regarding Your Health Information

You have the following rights with respect to your protected health information:

- Request in writing that your protected health information not be used or disclosed by Resilience Counseling, LLC for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you. The agency will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/ disclosures that are required by law.
- Request that we contact or send you information at an alternative address or by an alternative means. We will agree to your request as long as it is reasonably easy for us to do so.
- Inspect and copy your protected health information. Any such requests must be made in writing. Resilience Counseling staff, Laura Adamgbo will respond in writing to such a request within 30 days. If you request copies we may charge you a reasonable cost for copying.
- Submit a request to amend your information if you believe that information in your record is incorrect or if important information is missing.
- An accounting of disclosures of your protected health information. You have a right to receive this Notice in paper and/or electronic format.

IV. Duties of Resilience Counseling, LLC

Resilience Counseling, LLC staff Laura Adamgbo is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. This counseling agency is required to abide by the terms of this Notice currently in effect, and Resilience Counseling LLC reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Should Resilience Counseling make changes in its Notice, it will post the changed Notice in waiting areas and on our website. You may request a copy of the Notice at any time.

V. Complaint Procedure

If you are concerned that Resilience Counseling, LLC may have violated your privacy rights, or you disagree with a decision we made about access to your records, you may send a written complaint to the Division of Professional Registration. I urge you to inform Laura Adamgbo first to give the staff an opportunity to address your concerns. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

V1. Electronic Communication

You give permission to the Resilience Counseling staff to communicate with you regarding your Protected Health Information via email, text, mail.

Initial_____

You give permission to the Resilience Counseling Staff to leave a voicemail message on your phone with the limited information needed.

Initial_____

You give permission for a limited # of your sessions to be conducted through video (face to face). RC uses a Hipa protected video platform to conduct video sessions only if needed.

Initial_____

I acknowledge that I have received, have read and understand the Notice of Privacy Practices and that I understand its contents. I understand my privacy rights as a client of Resilience Counseling LLC. This Resilience Counseling Staff has discussed the issues above with me.

Signature of client (or parent/guardian)

Date

Therapist Signature

Date

Printed Name of Client