

NOTICE OF PRIVACY PRACTICES-SHORT VERSION

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

My commitment to your privacy

Each therapist in this office is an independent practitioner. All have agreed to use the same Notice of Privacy Practices (NPP) for simplicity, but all privacy agreements are between you and your therapist, not between you and Valley Counseling Services, Inc. This notice uses the word "I", "me", "my" and other personal pronouns to refer to the particular therapist you are seeing. When you are reading this notice you should interpret those words accordingly.

You and I will review this notice prior to beginning your first session. If you have any questions please ask them at that time.

This notice will tell you how information about you is handled. It tells how it is used in this office, how it is shared with other professionals and organizations, and how you can see it. You need to know all of this so that you can make the best decisions for yourself and your family. Federal law also requires that you be provided this information. This requirement is part of the privacy regulation of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and you shouldn't have to read a lot that may not apply to you, some parts have been simplified. If you have any questions or want to know more about anything in this Notice, please ask me for an explanation or more details.

My practice is dedicated to maintaining the privacy of your health information. I am also required by law to do this. These laws are complicated, but I must provide you with important information. This pamphlet is a shorter version of the full, legally required Notice of Privacy Practices (NPP) which you received along with this, so refer to it for more information. However, I can't cover all possible situations so please talk with me about any questions or problems.

I will use this information about your health which I get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities which are called, in the law, health care **operations**. These activities are collectively known as **TPO**. After you have read this NPP I will ask you to sign a **Consent Form** to let me use and share your information. If you do not sign this Consent Form, I cannot treat you.

If I or you want to use or disclose (send, share, release) your information for any other purposes I will discuss this with you and ask you to sign an Authorization Form to allow this.

Of course I will keep your health information private but there are some times when the laws require me to use or share it such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization who is able to help or reduce the threat.
2. Some lawsuits and legal court proceeding.
3. If a law enforcement official requires me to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these but which don't happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement unless it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records but I may charge you.
4. If you believe the information in your records is incorrect or incomplete, you can ask me to make some changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this NPP it will be posted in the waiting room and you can always get a copy of the NPP from me.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file with me and, if your complaint is not resolved satisfactorily, with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact me.

The effective date of this notice is April 14, 2003