

Private Practice of Marya Samuelson, M.Ed., LPCC

Notice of Privacy Practices (NPP), HIPAA

This notice describes how your mental health information is maintained and disclosed, and how you can have access to this information. Federal law requires me to distribute this Notice to you. Please read it carefully.

As a therapist, I am ethically bound and obligated to protect your confidentiality. I use the private information in your file to provide individual, family and group therapy. The information may be used to collect insurance payment when applicable and to collect anonymous data for health care operation as required by Federal law. If you would like information from your file communicated to another profession, I will ask you to sign a release of information form.

Your health information is confidential; however, therapists are mandated reporters, which means that in certain circumstances, we are required by law to release information without your consent. These situations include:

1. If you make a specific threat to harm yourself or someone else (and the risk of danger is deemed imminent), I must take appropriate steps to protect you or warn the appropriate parties.
2. If you have physically or sexually abused or neglected a child or vulnerable adult, I must make a report to the proper authorities. This includes some cases of domestic abuse when a child is exposed to weaponry or is physically threatened, used as a weapon or living in the same space as a convicted felon.
3. If you are pregnant and using a controlled substance (heroin, cocaine, phencyclidine, methamphetamine or their derivatives).
4. When there is a court order to release your records to the legal authorities.

Your Rights Regarding Your Health Information

1. You have the right to decide how I contact you (by phone at home or work, via mail or email).
2. You have the right to review your file and to receive a copy of your file.
3. You have a right to add a correction to your file.
4. You have a right to request a list of where your health records have been sent.
5. You have the right to revoke any authorization to release your records at any time.
6. You have a right to a copy of this Notice.

If you have questions regarding this Notice, or believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services; Hubert H. Humphrey Bldg.; 200 Independence Ave., S.W., Washington, D.C. 201201. You will not be treated badly if you make a complaint.

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Consent to use and disclose your Health Information (NPP), HIPAA

This form is an agreement between you, _____
and Marya Samuelson, M.Ed., LPCC.

By signing this form, you are indicating that you have read and received a copy of the Notice of Privacy Practices (NPP), which explains the use of your health information, and that you are agreeing to the conditions listed on the NPP.

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I understand that if the NPP is changed, I can get a copy from my therapist.

I understand that after I have signed this consent, I have the right to revoke it (by writing a letter saying that I no longer consent), and that Marya Samuelson, M.Ed., LPC will comply with my wishes about using or sharing my information from that time on.

Signature of client

Printed name of client

Date

Marya Samuelson, M.Ed., LPCC