**Notice of Privacy Practices**

Transformations Counseling Center complies with the Health Insurance Portability and Accountability Act of 1996 9HIPAA). This notice describes your rights under the HIPPA, how clinical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

All information revealed by you in a counseling or therapy session and most information placed in your file, including all clinical records or other individually identifiable health information held or disclosed in electronic, paper, and oral form, is considered Protected Health Information (PHI) under HIPPA. As such, your PHI cannot be distributed to anyone else without your express informed and voluntary written consent or authorization. The exceptions to this are defined below. Additional information regarding your rights as a client can be found in your therapist’s professional disclosure statements and Consent for Treatment.

PHI that does *not* require your consent or authorization:

1. Uses and disclosures required by law, like files subpoenaed by a judge
2. Uses and disclosures about victims of abuse, neglect or domestic violence, like duties to warn explained in your counselor’s disclosure statement
3. Uses and disclosures for health and oversight activities, like correcting records already disclosed
4. Uses and disclosures for judicial and administrative proceedings, as in a case where you are claiming malpractice or breech of ethics
5. Uses and disclosures for law enforcement purposes, like when you claim mental health issues as a defense in a civil or criminal case
6. Uses and disclosures for research purposes, like using general or statistical client information in a research project that maintains client confidentiality
7. Uses and disclosures to prevent a serious threat to health or safety, like calling Probate Court for a commitment hearing when a client is a danger to self or others and his or her mental reasoning abilities are in question
8. Uses and disclosures for Worker’s Compensation, like the basic information obtained in therapy as a result of your Worker’s Compensation claim

**Your Rights as a Counseling Client Regarding Your Health Information**

1. You have the right to see your counseling file.
2. You have the right to obtain a copy of your counseling file. A charge of 20 cents per page will be charged, along with postage if you request the copy be mailed. Please allow one business week for copying.
3. You have the right to request amendments to your file. Your therapist will review your request and, if a change is warranted, the change will be made.
4. You have a right to restrict the use and disclosure of your PHI except for use in treatment, payment, or operations. If you choose to release any PHI, you will be required to sign an authorization for release and to provide detailed information stating which records, exactly to whom and for what purpose you want the disclosure made.
5. You have a right to request a copy of this document.

By law, we must abide by the terms of these policies. As changes occur in federal HIPPA laws, we will change our Privacy Policy accordingly. When changes to these policies are made, the new policies will be made available to you for your review.

If you have any questions, concerns, or complaints about these policies, please discuss them with your counselor. You may also address your questions/concerns/complaints to the pastor of First Alliance Church, by whom this counseling center is overseen as a ministry of the church.

I acknowledge that I have read and understand these policies.

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Signature of client, parent, or legal guardian Date