



SOUTHSIDE COUNSELING

HIPAA -Heath Insurance Portability & Accountability Act

We understand that health information about you is personal, and we are committed to protecting that information. We create a record of care and services you receive, and comply with all Washington State and Federal requirements. This notice applies to all records regarding your care here, and will inform you of your rights, and the ways in which we may use or disclose any information about you.

We are required to: Make sure your Health Care Information is kept private; Give you a copy of this Policy and request your signature as understanding of our commitment to you.

We may use and disclose Health Information about you:

- | | | |
|---|----------------------|----------------------------|
| *For treatment | *For payment | *For Health Care Operation |
| *For Appointment reminders | *As required by Law | *Public Health risks |
| *Health oversight activities | *Lawsuits & Disputes | *Law Enforcement |
| *Coroners, health examiners and funeral directors | | *To avert a serious threat |
| *If required by Military or National Security | *Inmates | *Workman's Comp. |

Your rights include:

- | | |
|---|-------------------------------------|
| *Right to Inspect & Copy | *Right to accounting of disclosures |
| *Right to Amend | *Right to Request Restrictions |
| *Right to Request Confidential Communications | *Right to paper copy of this Notice |

Changes may be made to this Notice, and we will post a copy of the current notice when changes are made. If you believe your privacy rights have been violated, you may file a complaint in writing by contacting Judy Henke, or any above therapist. Please be aware that any electronic information you send is not secure; this includes emails, texts, faxes.

Your signature denotes acknowledgement and will become part of your record:

Name: _____ Date: _____