



Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you as the patient have certain privacy rights concerning your healthcare information. Under this law your healthcare provider generally cannot give your information to your employer, use or share your information for marketing or advertising purposes, or share private notes about your mental health counseling sessions without your written consent. As one of your healthcare providers it is our responsibility to keep your information safe and secure. We also need to make sure that your information is protected in a way that does not interfere with your healthcare. It is important that you understand that your information can be used and shared in the following ways:

- For your treatment and care coordination. Multiple health providers and medical assistants may be involved in your treatment directly or indirectly.
- With your family, friends, relatives, or others that you identify who are involved in your health care or health care bills.
- To protect the public's health, such as reporting when the flu is in your area.
- To make required reports to the police, such as gunshot wounds.
- Obtain payment from third party payers.

In order to provide you with service that best meets your privacy needs, please tell us how best to contact you when needed. Please check all that apply:

- Please do not phone me at home. Use this alternative phone number: _____
- Please do not phone me at work. Use this alternative phone number: _____
- Please do not leave messages on my answering machine or mobile voicemail.
- Please do not contact me via email for appointment confirmations or cancellations.
- Please send mail, including bills, to this alternative address:

- Other requests (please describe): _____

Signature (Parent or Guardian if minor)

Printed Name (Parent or Guardian if Minor)

Date