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HIPAA Notice of Privacy Practices

This notice describes how medical/mental health information may be used and disclosed and how you can get access to this information effective September 1, 2014. Please review it carefully. Information will only be released in accordance with state and federal laws and the ethics of the social work profession.

Use and disclosure of protected health information is for the purposes of providing services. State and federal laws allow providers to use and disclose your health information for these purposes: treatment, payment, healthcare operations and other uses that do not require your consent. Examples include:

Treatment: for example, to provide and coordinate care, consultants, referral sources

Payment: for example, to verify insurance coverage, process claims, collect fees

Healthcare Operations: for example, to review treatment, compliance and licensing activities

Other Uses: including but not limited to, mandated reporting, threats of suicide/homicide, emergencies, criminal damage, appointment scheduling, treatment alternatives, and other reporting required by law

Client Rights

1. Client reserves the right to request where and how to be contacted.
2. Client has the right to authorize the release of information to other parties and also reserves the right to revoke further release of information, in writing.
3. Client has the right to review their medical billing records.
4. Client has the right to add or amend information in their records.
5. Client has the right to account for disclosures. Exceptions: (a) disclosure for treatment, payment, healthcare operations (b) disclosure pursuant to a signed release (c) disclosure made to client (d) disclosures for national security, safety, law enforcement
6. Client has the right to restrict personal healthcare information in writing.
7. Client has the right to complain and is kindly asked to address any issues with the therapist. If the issue cannot be resolved, therapist is to advise client on taking next steps and/or filing formal complaint.
8. Client has the right to be apprised of any changes made to policy.

I, _____, have read and will be provided a copy of this document.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date