

Hardy & Stephens Counseling Associates, PLLC

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NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. Protecting our patients' privacy has always been important to HSCA. The Health Insurance Portability and Accountability Act (HIPAA) went into effect on April 14, 2003 which requires us to inform you of our policy. At HSCA, we are very careful to keep your health information secure and confidential. This law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment with your signed consent.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company. We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer. We have a written contract with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may leave information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner. If your therapist leaves HSCA, your information remains the property of HSCA. Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. You have the right to see or receive a copy of any of your health information. You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, Washington, DC 20201. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Office Manager, Barbara Hinkle at 763-633-5114, who will forward your information to our Privacy Officer.

SIGNATURE

My signature below indicates that I have read and understand the contents of the Professional Counseling Agreement and the Notice of Privacy Practices (HIPAA).

We believe that all counseling is values based, and that among the many values options available, such as secular, humanist, atheist, agnostic, new age, eastern, etc, HSCA reflects the Christian perspective. The counseling approach at HSCA will reflect a Christian values perspective which may include use of prayer, biblical reference and principles, and the spiritual disciplines. **I agree that this approach is acceptable.**

Signature

Date