



# The Place Within

A Nonprofit Counseling Center

## HIPAA Notice of Privacy Practices (Your Copy)

1. This notice describes how medical information about you may be used and disclosed electronically and how you can get access to this information. Please review it carefully.

2. We have a legal duty to safeguard your protected health information (PHI) when we transmit information electronically. We are legally required to protect the privacy of your PHI, which includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care.

We must provide you with this Notice about our privacy practices, and such Notice must explain how, when and why we will "use" and "disclose" your PHI. A "use" of PHI occurs when we share, examine, utilize, apply, or analyze such information within our practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our practice. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made.

By signing this notice you acknowledge we may use your PHI, but may not disclose your PHI without further written authorization by you. We do not keep separate treatment notes and psychotherapy notes, all of our notes are treatment notes and can be found in the client file. Your PHI will not be disclosed for marketing purposes. Your PHI will not be sold without your authorization. You will not be contacted for fundraising purposes. If you pay for any service out-of-pocket, then you have the right to restrict disclosures of PHI to health plans from that service. If there is a breach of your unsecured PHI, you will receive notification.

However, we reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with us already. Before we make any important changes to our policies, we will promptly change this Notice and post a new copy of it in our office and on our website. You can also request a copy of this Notice from us, or you can view a copy of it in our office or at our website.

Please sign this Notice, stating that you acknowledge receipt of this Notice of The Place Within.

I \_\_\_\_\_ was or \_\_\_\_\_ was not offered a copy of this notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Initial here if you decline to receive a copy of this notice.