SUMMARY NOTICE OF HIPAA PRIVACY PRACTICES

Name: _____

The attached Notice describes how health information about you may be used and disclosed by Irma Rivera-Carlisle, MFT, and your rights regarding the use of that information. **Please review this summary and the full Notice carefully.**

<u>Privacy Mission:</u> I am committed to treating and using protected health information responsibly.

<u>You have the right to:</u>
- Ask to see, read and/or obtain a copy of your records.
- Ask to correct information that you believe is wrong in your records.
- Ask that your health information <u>not</u> be shared with certain individuals.
- Ask that your health information <u>not</u> be used for certain purposes; for example, research.
- Ask to send copies of your health record to whomever you wish.
- Be informed about who has read your record.
- Specify where and how I may contact you.
- Receive a paper copy of the full Notice of Privacy Practices.

<u>I may use and disclose your health information to improve your treatment.</u>
- There are circumstances when health information about you will not be shared unless you first give your permission for it to be shared, such as when you are referred to another agency.
- If you have concerns about how your health information might be shared, please speak to me.

If you believe your privacy rights have NOT been maintained while receiving services, you may file a complaint with the Secretary of the U.S. Dept. of Health and Human Services. To file a complaint with the Secretary, the address is U.S. Department of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm. 322, San Francisco, CA 94103. You will not be penalized in any way for filing a complaint.

<u>I acknowledge receipt</u> Public Health "Notice of Privacy Practices." I understand that my signature does not authorize disclosure, but only acknowledges that I have received a copy of the full Notice.

Signature: _____ **Date:** _____

Printed Name:
_____

Client declined to sign receipt (staff signature): _____

Client unable to sign (witness signature):
_____

Reason unable: _____