

PRIVACY NOTICE

As a client of Faith Donohue, all information about you is understood to be confidential to protect your privacy. This information includes the fact that you have or have not received services. No information will be disclosed to anyone without your signed permission.

YOU HAVE THE RIGHT TO:

- Determine the amount of information to be released, whether to or from anyone outside this setting, by signing a permission form.
- Sign a permission form to release information that is specific to each situation when information is to be released (You will not be asked to sign a “Blanket” permission for release of information).
- Have us obtain an authorization from you before using or disclosing: (1) Protected Health Information (PHI) that is not described in this notice. (2) Psychotherapy notes.
- Determine the length of time that information may be released and cancel your permission at any time. The authorization will be valid for one year unless you cancel your permission beforehand. However, information may be released without your permission in a medical emergency to save lives, to prevent injury to yourself or others, or when required by law or ordered by the court, when the use and disclosure without your consent or authorization is allowed under other section of Section 164.512 of the Privacy Rule and the state’s confidentiality law.
- To restrict certain disclosures of Protected Health Information (PHI) to a health plan when you pay out-of-pocket for my services.
- To be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPPA Privacy Rule) involving your PHI; (b) if that PHI has not been encrypted to government standards and (c) if my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

I, _____, have received a copy of this Privacy Notice.

Signature _____

Date _____