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Notice of Privacy Practices—Short Version

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My Commitment to Your Privacy

My practice is dedicated to maintaining the privacy of your personal health information. I am also required by law to do this. These laws are complicated, but I must provide you with important information. This pamphlet is a shorter version of the full, legally required NPP, which is available for you to read when requested. However, I cannot cover all possible situations so please talk to our Privacy Officer (see the end of this document about any questions or problems).

I will use the information about your health, which I get from you or from others mainly to provide you with treatment, to arrange payment for our services or for some other business activities which are called, in the law, health care operations.

If I/you want to disclose (send, share, release) your information for any other purposes I will discuss this with you and ask you to sign an Authorization to allow this.

Of course I will keep your health information private but there are some times when the laws require me to use or share it such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these that do not happen very often. They are described in the longer version of the NPP.

Your Rights Regarding Your Health Information

1. You can ask me to communicate with you about your health and related issues in a

particular way or at a certain place. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment. I will try our best to do as you, ask.

2. You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. While I do not have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.

3 You have the right to look at the health information I have about you such as your medical and billing records. *You can even get a copy of these records.

4. If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You must also tell me the reason(s) you want to make the changes.

5. You have the right to a copy of this notice. If I change this NPP you will be given the new form to sign.

6. You have the right to file a complaint if you believe your privacy rights have been violated, You can file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

The effective date of this notice is January 1, 2018.

Governed by the Board of Professional Counselors and Therapists

4201 Patterson Avenue

Baltimore, MD 21215

Identifying Information

Client Name _____ M or F

Address _____

Phone numbers, MSG OK? _____

Date of Birth _____

Email _____

Emergency Contact,

name _____

phone _____ relationship _____

Client Acknowledgement and Agreement: I have read, understood and received a copy of the information on the HIPAA attached sheet. I have had the opportunity to ask questions and have questions answered. I accept full the conditions as stated in each paragraph.

Signature of Client: _____

Date: _____

Printed Name: _____

Clinician Signature: _____

Date: _____

Printed Name: _____