

Brian Dugdale, MA, LCMHC

Licensed Clinical Mental Health Counselor

Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed and safeguarded. Please review it carefully.

Who is Subject to This Notice:

I am required by law to maintain the privacy of protected health information, and must inform you of my privacy practices and legal duties. **My Responsibility:**

The confidentiality of your personal health information is very important to me. Your record includes information that I obtain when I provide care to you, such as a record of your symptoms, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that I maintain related to your care. This notice describes how I handle your information and your rights regarding this information. Generally speaking, I am required to:

- Maintain the privacy of your information as required by law;
- Provide you with this Notice of my duties and privacy practices regarding the information about you that I collect and maintain;
- Follow the terms of my Notice currently in effect.

Contact Information:

After reviewing this Notice if you need further information or want to contact me for any reason regarding the handling of your health information, please direct any communications to me.

Uses and Disclosures of Information

- All records kept on a client are stored or disposed of in a matter that assures security and confidentiality.
- I treat all communications from clients with professional confidence.
- I do not disclose client confidences to anyone, except as mandated by law; to prevent a clear and immediate danger to someone; in the course of a civil, criminal or disciplinary action arising from the counseling where the counselor is a defendant; for purposes of supervision or consultation; or by previously obtained written permission. In cases involving more than one person as a client written permission must be obtained from all legally accountable persons who have been present during the counseling before any disclosure can be made.

- I obtain informed written consent of clients before audio and/or video tape recording or permitting third party observation of their sessions.
- I do not use these standards of confidentiality to avoid intervention when it is necessary; e.g., when there is evidence of abuse of minors, the elderly, the disabled, or the physically or mentally incompetent.
- When current or former clients are referred to in a publication, while teaching or in a public presentation, their identity is thoroughly disguised.

Your Rights:

Under the law, you have certain rights regarding the information that I collect and maintain about you. This includes the right to:

- Request that I restrict certain uses and disclosures of your information.
- Request that I communicate with you by alternative means, such as mailing information to a PO Box or calling you only at home.
- Request that I amend the information about you that is maintained in my files. Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a list of my disclosures of your information. This list, known as an “accounting” of disclosures will not include certain disclosures, such as those made for treatment, payment, or health care operations. I will provide you the accounting free of charge; however, if you request more than one accounting in any 12-month period, I may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, “from May 1, 2008 to June 1, 2008”). I will be unable to provide you an accounting for any disclosures made before April 14, 2003, or for a period of no longer than six years. -In order to exercise any of your rights described above, you must submit your request in writing to me (See section III above). If you have questions about your rights, please speak with me, available by phone (or by appointment if necessary), during normal office hours.

To Request Information or File a Complaint:

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to me. You may complain to the Secretary of Health and Human Services (HHS) by writing to the Office for Civil Rights, US Department of Health and Human Services, Independence Avenue, S.W., Room 509F, HHH Building, Washington DC, 20201; by calling 1-800-368-1019; or by sending an email to OCRprivacy@hhs.gov. I cannot, and will not, make you waive your right to file a complaint as a condition of receiving care from me, or penalize you for filing a complaint.

Effective Date: April 14, 2003

Client’s Acknowledgment of Receipt of Notice of Privacy Practices

Client Name: _____ Birth Date: _____

Maiden or other name (if applicable): _____

I acknowledge that I have received a copy of the Notice of Privacy Practices of Brian Dugdale, M.A., LPCA.

Signature (client or authorized representative): _____

Date: _____

Relationship (if signed by authorized representative): _____