



Privacy Policy

This document will help you understand what your rights are, choices you have and my use of your information and how I store your information.

Your Rights

You have the right to:

1. Get a copy of this privacy policy.
2. Choose someone to act for you.
3. File a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way that I use and share information as I:

1. Tell family and friends about your condition.
2. Market my services and sell your information.

My Uses and Disclosures

I may use and share your information as I:

1. Treat you.
2. Bill for your services.
3. Help others with similar condition.
4. Do research.
5. Comply with the law.

Your information shall be stored in physical form and / or electronic media. Your information is yours only. Unless you give an authorization verbally or in writing, I shall not disclose or sell your information to anyone, in any form.



Note on Incidental Disclosures

Despite my implementation of reasonable and appropriate safeguards to protect the privacy of your protected health information, your protected health information may be incidentally disclosed in connection with otherwise permissible or required uses or disclosures of your information. For example, other persons in the treatment area may observe and/or overhear discussions regarding your protected health information during the course of your treatment session. I will not be held responsible for such incidental disclosures.



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge receipt of a
(insert name of patient)
copy of Provider's Privacy Policy.

Patient or Legal Guardian Signature: _____ Date: _____

Legal Guardian Name: _____