

**FAMILY PSYCHOLOGICAL RESOURCES**  
**Notice of Psychologist's Policies and Practices to Protect the**  
**Privacy of Your Health Information**

We are committed to obeying all Federal State, and Local laws and regulations regarding Privacy Practices. Information will only be released with the written authorization of the individual in question. If you have questions or comments regarding your Protected Health Information, please feel free to contact your therapist. We are dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. We will use the "information about your health" which we get from you or from others mainly to provide you with treatment, to arrange payment for our services, and for some other business activities which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a Consent Form to let us use and share your information. If you do not consent and sign this form we cannot treat you.

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

Of course we will keep your health information private but there are some times when the laws require us to use or share it. For example:

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 which is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires to do so.
4. For Workers Compensation and similar benefit programs.

You have the right to ask us to limit what we tell people involved in your care or the payment of your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.

You have the right to look at the health information we have about you such as your medical and billing record. You do not have the right to review your psychotherapy notes. We can give you a copy of the medical and billing record but we will charge you. Contact our Privacy Officer to arrange how to see your medical records.

If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.

You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.

You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and 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.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, who is Brenda Wagner, Ph.D. and can be reached by phone at 770-643-4877. This notice will go into effect on April 14, 2003

I have received a copy of the **Client Information and Privacy Notice**

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Client

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Date