

Mary Ann Van Buskirk, M.A., M.Div., LPC
HIPAA Notice of Privacy Practices

This notice describes how your health may be used, disclosed, and how you can access this information. Please review it carefully.

At the office of Mary Ann Van Buskirk, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist whom we may involve your care.

We may use your information to contact you. For example, we may want to call you to remind you about your appointments. If you are not home, we may leave this information on your machine or with the person that answers the phone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with few exceptions. Give us a written request regarding the information that you want to see.

You have the right to request an amendment or change your health information. Give us your request to make changes in writing. If you wish to include a statement to your file, please give it to us in your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

If we change any details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509 F, Washington DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information policy, please contact our Privacy Officer. This can be done in person or by phone.

I only release information in accordance with state and federal laws and the ethics of the counseling profession.

Acknowledgement

I have reviewed a copy of the Notice of Privacy Practices for the office of Mary Ann Van Buskirk.

Client Signature

Date

Client Signature

Date