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HIPAA NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

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

Effective Date: _____ (date we started practice)

Bethel Church is required under applicable state and federal law to maintain the privacy and security of your Personal Health Information (PHI). Bethel Church only releases information in accordance with state and federal laws and the ethics of the counseling profession.

Use and disclosure of protected health information for the purposes of providing services. Providing treatment services and conducting healthcare operations are necessary for quality care. State and federal laws allows us to use and disclose your health information for these purposes.

Treatment. Use and disclose health information to:

- Provide, manage, or coordinate care
- Clinical team. Consultation will include discussion amongst our clinical team with “minimum necessary” disclosure
- Referral sources

Healthcare Operations. Use and disclose health information for:

- Review of treatment procedures
- Review of business activities
- Certification
- Clinical team training
- Compliance and licensing activities

Permitted or as Required by Law.

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives

CLIENT RIGHTS

Right to request where we contact you (PLEASE CIRCLE)

- Home YES or NO
- Work YES or NO
- Cell phone YES or NO
- Email YES or NO
- If not, how may we contact you _____

Right to direct your medical records to a third party

- Written authorization to release records to others
- Right to revoke release in writing
- Revocation is not valid to the extent that you have acted in reliance on such previous authorization

Right to add information or amend your medical records

- May request to amend record
- Number of days to decide
- May deny the request
- If denied, right to file disagreement statement
- Disagreement state and your response will be filled in the record
- Amendment request must be in writing

Right to an Accounting of Disclosures

- Request must be made in writing.
- We will account for certain disclosures for up to six years prior to the date on which the accounting is requested.
- Exceptions:
 - Disclosure for treatment or healthcare operations
 - Disclosure pursuant to a signed release
 - Disclosure made to client
 - Disclosures for national security or law enforcement

Right to request restrictions on uses and disclosures of your healthcare information

- Request must be made in writing
- We are not obligated to agree

Right to complain

- If you believe your privacy rights have been violated, please contact the Director of Counseling.
- If not satisfied, right to complain to the US Department of Health and Human Services.
- There will be no retaliation against you for filing a complaint.

Right to receive changes in policy

- May request any future changes
- Request made to _____

Signature

Date

Print Name

If minor under 18 years of age - Signature of Parent or Guardian

Date