

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You may exercise the following rights by submitting a written request to me. Please be aware that your request might be denied; however, you may seek a review of the denial.

**RIGHT TO REQUEST RESTRICTION:** You may request limitations on the mental health information we may disclose, but we are not required to comply with your request. If I agree, I will comply with your request, unless the information is needed to provide you with emergency treatment.

**RIGHT TO CONFIDENTIAL COMMUNICATION:** You may request communications from this office in a certain way (for example, you may request that I leave necessary messages on your cell phone instead of your home phone), but you must make these requests in writing and specify exactly how you wish to be contacted when I need to do so.

**RIGHT TO INSPECT AND COPY:** You may have a right to inspect and obtain a copy of your protected health information that is contained in your client record for as long as I maintain that information. A client record contains financial and service information such as session dates and times; modalities and frequencies of treatments furnished; diagnosis; functional status; symptoms; prognosis; and progress to date. However, narrative-content psychotherapy notes may not be inspected or copied. I may charge you a \$.25 fee per page for copying records requested by you. Under certain circumstances, such as protected health information that is subject to law that prohibits access, you may be denied access to your information. You may request a review of this denial by another licensed mental health professional chosen by me, and I will comply with the outcome of the review.

**RIGHT TO REQUEST CLARIFICATION:** If you believe the information I have about you is incorrect or incomplete, you may ask to add clarifying information to the record. However, I am not required to accept the information you propose or to add to your record.

**RIGHT TO ACCOUNTING OF DISCLOSURES:** For up to seven (7) years from your last date of service at this office, you may request a list of the disclosures for your mental health information that have been made to persons or entities other than for treatment, payment or health care operations.

**RIGHT TO A COPY OF THIS NOTICE:** You may request a paper copy of this Notice at any time.