



Real talk. Real work. Real help.

NOTICE OF PRIVACY PRACTICES

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974 (PUBLIC LAW 93-579), THIS NOTICE INFORMS YOU OF THE PURPOSE FOR COLLECTION OF INFORMATION ON THIS FORM. PLEASE READ IT CAREFULLY BEFORE COMPLETING THE FORM.

Federal law and regulations protect the confidentiality of client records maintained by this practice. The practice may not disclose to a person outside the practice that an individual is a client of the practice, or disclose identifying information about a client, UNLESS: (1) the client consents in writing; (2) Disclosure is allowed by a court order; or (3) Made to medical personnel in a medical emergency or to qualified personnel for research, audit or practice evaluation.

PRINCIPLE PURPOSE: Information collected throughout your therapeutic experience (and maintained in accordance with current regulatory requirements) will be used to provide a basis for assessing your mental health, use of alcohol and drugs, and to provide therapeutic assistance as required. The information will become part of your client record.

RETENTION AND SAFEGUARDS: The collected information will be maintained in individual file folders in a locking file cabinet with restricted, limited access by authorized personnel who are properly screened, cleared, and trained.

DISCLOSURE: Providing information on all forms is voluntary. If the client does not complete necessary data fields, treatment may be negatively impacted.

Violation of federal law and regulations by any mental health practice is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect information about a crime committed by a patient either at the practice or against any person who works for the practice or about any threat to commit such a crime. Federal law and regulations do not protect information about suspected child abuse or neglect, elderly abuse, or abuse of vulnerable adults from being reported under State law to appropriate State or local authorities.

If you feel that yours rights have been violated please contact: The Department of Children and Families (Circuit 1 Mental Health & Substance Abuse Office) for substance abuse complaints at 850-483-6705 or The U.S. Department of Health and Human Services Office for Civil Rights, for any other complaints by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr//privacy/hippa/complaints/. To report child, elderly, or vulnerable adult abuse please contact the Florida Abuse Hotline at 800-96-ABUSE.

Signature

Date

Print Name