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Summary of Privacy Notice and Client Receipt Acknowledgement & Consent Form

(With this form you are also receiving a copy of the complete Notice of Privacy Practices)
Summary of Federal Law (HIPAA)

I keep counseling-related information about you and sometimes need to use this information in various ways. I may use the information in my counseling with you, and possibly to obtain payment, or for office operations like quality control or compliance. In very limited circumstances I may be required to release it according to law. I may also ask you to sign an Authorization to release some of it if I refer you to another program, therapist, or physician.

Under the federal law, each client has certain rights to the **Personal Health Information (PHI)** record kept at my office. These rights are:

- Access. You can ask to look at and copy your information
- Restriction. You can ask to limit who sees your information. You can ask to limit what information is sent out.
- Accounting. You can ask to see the list of places where your information has been sent.
- Amending. You can ask to change counseling/medical information if it is wrong.
- Revoking: You can ask to revoke previously given permissions to govern future actions.

In the unlikely circumstance that I deny the request (based on revealing another person's information or on possible harm to you or someone else), you have the right to have the denial reviewed by another professional.

The complete Notice of Privacy Practices, with more complete explanations of uses, disclosures, rights and information on how to file a privacy complaint is given to you when you sign this form. It is also available on the website (www.relationshipjourney.com), and can be requested. Please read the full document carefully and feel free to ask any questions.

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with me, **Dawn Lipthrott, LCSW**, and/or with the regional office of the **Office of Civil Rights** at U.S. Department of Health & Human Services, 61 Forsyth Street, SW. - Suite 3B70, Atlanta, GA 30323. For help in filing the complaint, you can call toll free 1-800-368-1019. You will not be penalized or retaliated against for making a complaint.

Florida Statutes

By law, the State of Florida grants clients confidentiality and patients/clients the right of access to medical or mental health records maintained by health care practitioners, including licensed mental health professionals. The disclosure of client information by providers is generally prohibited without the client's consent, subject to specified exceptions.

By signing this form, you acknowledge that you have received our **Notice of Privacy Practices** and consent to our use and release of protected health information about you as described in our **Notice**. **BOTH people must sign if you are attending counseling with a spouse, partner or other person.**

Print Client Name 1: _____

Signature of Client 1 _____

Print Client Name 2: _____

Signature of Client 2 _____

Date: _____