

**THE CENTER FOR MINDFUL EXPLORATION**  
**SUSAN MARSHALL, LPC, CPCS**  
**1111 Mooty Bridge Road, Ste A/ PO BOX 800154**  
**LAGRANGE, GA 30240**  
**706-333-2879**

**HIPAA NOTICE OF PRIVACY PRACTICES**

**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.**

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices, effective April 1, 2016, describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. Any PHI will only be released in accordance with state and federal laws and the ethics of the counseling profession.

**HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services.

For Payment. I may use or disclose PHI so that I can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, or reviewing services provided to you to determine medical necessity.

**Other uses and disclosures permitted by HIPAA without your consent.**

- Abuse and Neglect
- Emergencies
- Audits or Investigations
- National Security
- Judicial and Administrative Proceedings
- Law Enforcement
- Public Safety (Duty to Warn)
- Required by Court Order

**YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PHI**

**Right of Access to Inspect and Copy.** You have the right, which may be restricted only in circumstances where there is compelling evidence that access would cause serious harm to you, to inspect and copy PHI that may be used to make decisions about your care.

**Right to Add Information or Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may submit a written request to amend the information, although I am not required to agree to the amendment.

**Right to a Copy of this Notice.** You have the right to a copy of this notice and the right to receive any future changes in policy.

I have read this notice and fully understand its content.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature (Parent/Guardian if Under 18)    Date