

THUNDERSTORM THERAPY

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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

- You have the right to get a copy of your medical record.
- You have the right to request corrections to your record if you believe information is incorrect or incomplete.
- You have the right to request that we restrict how we use or share information about you. We are not required to agree to your request, but we will tell you if we cannot honor it.
- You have the right to request that communications be made in a particular way or location (for example, home only, or in writing only).
- You have the right to a list of the times we've shared your information, who we shared it with, and why.
- You have the right to a copy of this notice at any time.
- You have the right to file a complaint with us or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

OUR USES AND DISCLOSURES

- Treatment: We may use and share your health information with other professionals who are treating you.
- Payment: We may use and share your health information to bill and receive payment from insurance or other programs.
- Operations: We may use and share your health information to run our practice, improve services, and contact you.
- We may share your information in other situations such as: preventing serious threats to health or safety, complying with state laws (including mandated reporting of child abuse or neglect), responding to lawsuits or legal actions, and working with a medical examiner or coroner.

REQUIRED DISCLOSURES

- We are required by law to maintain the privacy of protected health information.
- We are required to provide individuals with notice of our legal duties and privacy practices.
- We are required to notify affected individuals following a breach of unsecured protected health information.
- We are required to abide by the terms of this notice.

CHANGES TO THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

QUESTIONS OR COMPLAINTS

Contact Joseph Middleton, LPC-Associate at (210) 693-0073 or thunderstormtherapy@gmail.com. You may also contact the U.S. Department of Health and Human Services Office for Civil Rights 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/hipaa/complaints/.

ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

Printed Name _____

Client Signature _____ Date _____