HOPE In Home Counseling, LLC
www.hopeinhomecounseling.com

NOTICE OF PRIVACY PRACTICES

I am required by specific Federal and State Laws to protect your privacy. The Health Information Portability and Accountability Act (HIPAA) established rules on how your health information may be used and shared; and how it must be protected.

This notice describes how information about you may be used and disclosed and how you can have access to it. It also informs you of your consumer rights. Please review it carefully.

Your protected information includes:

- Any individual and identifiable information about you.
- Identification of symptoms, diagnosis', medicines and your prognosis
- Appointment date and times
- Payment for services provided and received. (Any notes taken during session are protected under client confidentiality so you must give written permission to release them).

Without your written consent:

- I will not share your protected information with another individual or family member; except if the client is a minor.
- I will not share your information with another physician, educator or treatment facility.

Consumer Rights

As a consumer you have the right to know about:

- My credentials, licensing, education and professional experience
- The type of treatments, fees, no-show and cancellation policies.
- Confidentiality and the exceptions of confidentiality guidelines.
- Alternative treatments
- Risks of proceeding with or of forgoing treatment.
- Guidelines concerning dual relationships and professional/personal boundaries.
- Legal recourse of professional incompetence, dishonesty or unethical behavior.
- Contact information for the state licensing board: The State of Florida Department of Health.

Consumers also have the right to:

- Discuss treatment plan, diagnosis and prognosis.
- Refused treatment, in part or in whole.

- View their file and request changes be made where there may be disagreement.
- A copy of their file upon written request.
- Freedom from discrimination due to race, color, creed, religion, nationality or disability.
- A therapist who is familiar with their personal cultural/ethnic backgrounds.
- To terminate therapy when progress stops or treatment goals are met.
- Ask for referral to another therapist for any reason.

I have read and understand all items contained in herein.

Client Name-Print: _____

Signature: _____
(If client is under the age of 18, parent or legal guardian signature).

Date: _____

: