NewSolutions
COUNSELING, PLLC
100 Professional Court Suite 104
Garner, NC 27529
Phone 919.706.5004

Date: _____

STATEMENT REGARDING PRIVATE HEALTH INFORMATION:

Name: _____

It is the intent of this office to be in compliance with the Privacy Standards for Private Health Information (PHI) covered under Health Insurance Portability and Accountability Act (HIPAA).

- ► I understand that I have the right to request that certain information be excluded from my record unless the information is related to my diagnosis.
- ► I understand that I have the right to amend information but not expunge ("erase") information from my record.
- ► I understand that I have the right to inspect and/or receive a copy of my Private Health Information (PHI) i.e. Record unless it is legally determined that it would adversely affect my well-being or I am a minor. My request must be fulfilled by this office within 60 days of my written request. There will be a charge for copies.
- ► As additional HIPAA regulations are mandated and clarified, this office will be altering its policies and procedures to be in compliance.
- ► If this office is found to be in violation of the Primary Standards put forth in HIPPA, I am urged to speak with my therapist and if not resolved, I have a right to file a formal compliant with the Office of Civil Liberties.

I have read and received a copy of the above Privacy Standards for Private Health Information covered under HIPAA.

Signed: _____ Date: _____