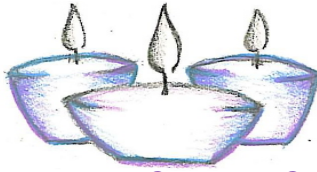


# Extraordinary Counseling



*"Your Lights to the future"*

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

## PROVIDER NOTICE OF PRIVACY PRACTICES

*THIS NOTICE DESCRIBES HOW MEDICAL & HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

**Uses and disclosures of health information:** We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred (only when you sign a written release giving us permission to do so), unless otherwise indicated on the program specific consent form. Information may be shared by paper mail, electronic mail, fax, or other methods.

**We make use of disclosed identifiable health information about you without your authorization for several reasons:** Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purpose, for research studies, and for emergencies. We provide information when otherwise required by law, such as law enforcement in specific circumstances. In any other situation, we ask for your written authorization before using identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

**In the event Extraordinary Counseling significantly changes this policy, you will be issued a new Privacy Statement. For more information about our privacy practices, contact Zylphia Beverly, Extraordinary Counseling Director at (210) 632-8966.**

**Individual Rights:** In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you (unless otherwise specified under the specific contract for which you are receiving services). You also have the right to receive a list of where we have disclosed health information about you for reasons other than treatment, payment of related administrative purposes, and other than where you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information by adding the missing information.

**Complaints:** If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Zylphia Beverly, Extraordinary Counseling Director at (210) 632-8966. You also may send a written complaint to the U.S. Department of Health and Human Services. Zylphia Beverly can provide you with the appropriate address upon request.

**Extraordinary Counseling's Legal Duty:** We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and obtain your acknowledgment of receipt of this notice.

**Acknowledgment of receipt of Notice of Privacy Practices:** Please sign and print your name and date on this acknowledgment form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name