



Susan J. Barnett, LCSW

Notice of Privacy Practices

- ! You have the right to consideration and respect by all members of our staff. No one will be unlawfully discriminated against in determining eligibility for services. You cannot be discriminated against on the basis of race, color, sex, national origin, religion, age, marital status, handicap, or other legally protected status. Anyone with a disability or handicap is welcome to request assistance from any available employee.
- ! You have the right to privacy when we provide treatment.
- ! You have the right to assurance that all communications and records pertaining to your care will be treated as confidential as defined by HIPPA (Health Insurance Portability & Accountability Act) unless contraindicated by state law. No information will be released without a specific signed disclosure of information request from client or guardian.
- ! You have the right to participate and have input into your individualized treatment plan.
- ! You have the right to read, review, and copy information contained in your clinical chart including billing records.
- ! You have the right to refuse or terminate treatment. However, if at any time you become dangerous to yourself or others, we will work within the law to ensure your safety.
- ! You have the right to submit grievances, recommendations and opinions regarding your services. Identification of Licensing boards is included in the informed consent.
- ! You have the right to request restriction or certain uses and disclosure of your clinical information.
- ! You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at anytime.

MY SIGNATURE CONFIRMS THAT I HAVE REVIEWED AND UNDERSTAND THESE RIGHTS.

Signature of Client or Responsible Party

Date

Print Client Name

Would you like a copy of these rights? Y ___ N ___