HIPAA Privacy Policy Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

• Ross Counseling LLC is committed to protecting your information.

• You have the right to inspect and receive a copy of your records.

• All responses to requests for protected health information will be limited to the minimum amount of information needed to accomplish the purpose of the request or disclosure.

• Ross Counseling LLC may use or disclose individual’s protected health information, as defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, for the purpose of conducting, planning and directing your treatment, making or obtaining payment for care, or otherwise allowed by the Act.

• Ross Counseling LLC may use or disclose your protected health information for purposes permitted or required by federal, state, or local law, if court ordered, or determined that you are a danger to yourself or others. It is mandatory that child abuse be reported.

• You may give Ross Counseling LLC permission to release your information. Your information is not shared with anyone for marketing purposes; for this reason it is not required to obtain an “opt-in election” or an “opt-out election”. The Health Insurance Portability and Accountability Act privacy officer will receive questions or complaints with regard to the use and disclosure of protected health information. My signature below indicates that I have read and received a copy of this privacy policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_