

Cultivating Hope Counseling Services, PLLC
Notice of Privacy Practices

As a client at Cultivating Hope Counseling Services, PLLC (hereafter referred to as CHCS), under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I understand I have certain rights to privacy regarding my health information. Client information is defined as all types of information, including oral and written, regarding past clients, current clients, or clients who will be receiving services at CHCS. All client records are to remain confidential and not to be used for purposes other than for health care and administration of health care unless requested by the client.

This notice acknowledges the types of use and disclosure which my information may be used under.

These include:

- Current treatment planning and development including follow-up with any authorized partners who may be involved with proper authorization
- Payment from third parties, record keeping and any needed healthcare operations relevant to treatment

I have received, reviewed and understand CHCS's Notice of Privacy Practices. I understand that CHCS has the right to modify its Notice of Privacy Practices and if so, I will be notified of any changes. I also understand I may request in writing any uses or restrictions I may have in how my private information is used or disclosed. CHCS is not mandated to agree to any uses or restrictions but if CHCS agrees then these restrictions/uses will be abided to. I also understand that I may obtain a copy of this notice from CHCS.

Name (In Print): _____

Signature: _____

Date: _____