

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

Jennifer Given Helms, MSW, LICSW, M.Ed

I keep a record of the health care services I provide you. You may ask to see and copy that record. You may also ask to correct that record. I will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting me directly at the number provided below.

The attached Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Patient signature _____

Date _____

Time _____

Printed Name _____

Jennifer Given-Helms, MSW, LICSW, M.Ed

License #LW60903242

This form will be retained in your record

Your Health Information Rights

The health and billing records created and stored are the property of your counselor. If you see two separate counselors you will have two separate health records.

You have a right to receive, read, and ask questions about this Notice:

- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to your therapist who will discuss your concerns, and who will have the sole responsibility for entering into any agreement about the restrictions you request. By law, I am not required to grant the request, but if I agree to your restriction, I am obligated to comply with this agreement.
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information.
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request. There are rare situations where such a request is denied and acceptance of this request is not guaranteed. In such case, you may ask me to review such a denial, and you may see another properly qualified healthcare provider who may review your record and decide whether such a denial is reasonable.
- Ask me to change your health information. You may give us this request in writing. If such a change is denied, you may write a statement of disagreement. If so, your statement will be stored in your record and included with any release of your records.
- When you request, I will give you a list of disclosures of your health information. The list will not include disclosures to third party payers. You may receive this information without charge once every 12 months. I will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. For example, you may want me to communicate with you by mail to a location other than your address of record, or by phone at a work location. Please sign, date, and give me your request in writing.
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect any information that has already been released. It also does not affect any action taken before I have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance. For help with these rights during normal business hours, please contact me at 206-954-5413.

My Responsibilities

I am required to:

- Keep your protected health information private
- Give you this notice
- Follow the terms of this Notice

I have the right to change our practices regarding the protected health information I maintain, though I have to abide by federal and state law. If I make changes, I will update this notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting me at my office.

To ask for Help or Complain

- If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may discuss it with me.
- If you believe your privacy rights have been violated, you may discuss your concerns with me. You may also deliver a written complaint to me.
- You may also file a complaint with the US Secretary of Health and Human Services at Medical Privacy, Complaint Division, US DHHS, 200 Independence Ave SW HHH Building, Room 509H, Washington D.C. 20201. Phone 866-627-7748 E-mail www.hhs.gov/orc

