

# HIRSCH COUNSELING & CONSULTING

## NOTICE OF PRIVACY PRACTICES

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

Hirsch Counseling & Consulting respects your privacy. We understand that your personal information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. **YOU CAN REQUEST THAT WE DO NOT MAKE ANY WRITTEN OR TAPED RECORDINGS OF YOUR COUNSELING SESSIONS.**

The law protects the privacy of the information we obtain in providing our care and services to you. For example, your protected personal information includes all personal information you share with us including any emotional issues, test results, health diagnoses, treatment, and health information from other providers.

### **Examples of Use and Disclosures of Protected Health Information for Treatment and Health Operations**

#### *For treatment:*

- \* Information obtained by our mental health care team will be recorded in our files and used to help decide what care may be right for you. **YOU CAN REQUEST THAT WE DO NOT MAKE ANY WRITTEN OR TAPED RECORDINGS OF YOUR COUNSELING SESSIONS.**
- \* With your consent, we may also provide information to others providing you with care. This will help them stay informed about your care.

#### *For health care operations:*

- \* We use your records to assess quality and improve services.
- \* We may use and disclose records to review the performance of our care providers and to further train our staff.
- \* We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

## **Your Health Information Rights**

The health and billing records we create and store are the property of Hirsch Counseling & Consulting. The protected health information in it, however, generally belongs to you. You have a right to:

- \* Receive, read, and ask questions about this Notice;
- \* Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us (via e-mail or through the postal system);
- \* Request and receive from us 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.
- \* Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- \* Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it.

For help with these rights during normal business hours, please contact: *Robert Hirsch, Director*  
206- 634-4167  
*Monday through Friday*

## **Our Responsibilities**

We are required to:

- \* Keep your protected health information private;
- \* Give you this Notice;
- \* Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

## **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 information, you may contact:

*Robert Hirsch, Director, 206-634-4167*  
*Monday through Friday*

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Robert Hirsch, Director at our practice. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

### **Other Disclosures and Uses of Protected Health Information**

#### Notification of Family and Others

\* In emergency situations, unless you object, we may release information about you to a friend or family member.

#### **We may use and disclose your protected health information without your authorization as follows:**

- To report suspected Abuse or Neglect to public authorities.
- In the case of imminent self-harm.

#### **Other Uses and Disclosures of Protected Health Information**

\* Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

#### **Web Site**

\* This Notice will be on our Web site: [Counseling-by-phone.com](http://Counseling-by-phone.com)

Effective Date: August, 2004