



NOTICE OF PRIVACY PRACTICES

Patient Name: _____

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

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Protected Health Information (PHI) refers to information about you used to identify you and that relates to your past, present, or future payment for the provision of health care, including demographic information. Understanding what is in your record and how your health information is used helps you ensure its accuracy and better understand who may access your information and why.

YOUR HEALTH INFORMATION RIGHTS

You have the right to: Receive a copy of this Notice of Privacy Practices. Request restrictions on uses and disclosures of your protected health information. Request confidential communications. Inspect and obtain a copy of your medical and billing records. Request amendments to your health information. Receive an

accounting of disclosures. Revoke authorizations previously provided.

HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED

Your medical information may be used or disclosed for: Treatment and coordination of care. Payment and insurance reimbursement activities. Healthcare operations and quality improvement. Appointment reminders and treatment alternatives. Individuals involved in your care. Business associates performing services on behalf of the practice. Public health, legal, or law enforcement purposes as required by law. Prevention of serious threats to health or safety.

I acknowledge that I have been informed of the Privacy Practices of Jumirean Mental Health Group and that a copy will be provided in my client handbook.

Client Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Parent/Guardian Name: _____