

**Notice of Privacy Practices**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY KATHERINE H. MUELLNER, PLLC/HOPE RANCH AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Information about you is collected by our staff of professionals for the purpose of providing services to you, including assessment, psychotherapy, and other mental health or chemical dependency treatment. Unless ordered by a court, you have the right to refuse to provide any information at any time. Refusing to provide information may make it more difficult for us to provide competent and effective services to you.

Protected or private health information may be released to or obtained from any individual or organization of your choosing, provided you have given us your authorization in writing to do so. Your clinical record, or certain portions of it, may be provided to or used by the following individuals without your signed authorization:

- Any authorized staff in regards to billing, support staff, and clinical supervisors, on a need-to-know basis
- Health insurance provider
- Personnel from the Department of Human Services
- U.S. Secretary of Health and Human Services; or his designated representative
- We may provide certain information to an outside collection agency for the purpose of collection on an unpaid bill.

There are some additional situations in which we may have to share protected health information about you without your signed authorization:

- We are required by law to report suspected neglect, physical abuse, or sexual abuse of a child that has occurred in the past three years.
- We are required by law to report suspected maltreatment of vulnerable adults.
- We may report situations in which you are believed to be at risk of harming yourself or someone else in the immediate future.
- We may have to disclose information if required by a court order.

You have the following rights regarding protected health information about you:

- You have the right to request restrictions on certain uses and disclosures of protected health information about you, but this office is not required to agree to a requested restriction.
- You have the right to receive confidential communications of your protected health information.
- You have the right to inspect and copy protected health information about you contained in your clinical record. To do so, contact this office and inquire with your psychotherapist.
- You have the right to receive an accounting of disclosures of your protected health record.
- You have the right to amend, or request changes in, your protected health information.

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**Katherine H. Muellner, PLLC, has the following duties regarding protected health information:**

- We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices concerning protected health information.
- We are required to abide by the terms of this notice.
- We reserve the right to change the terms of this notice whenever necessary and to make the provisions of the new notice effective for all protected health information that we maintain.

If you believe your privacy rights have been violated, you are encouraged to file a complaint with the Secretary of Health and Human Services. Complaint forms are available through the Secretary of Health and Human Services.

IF YOU HAVE ANY QUESTIONS ABOUT OUR POLICIES AND PROCEDURES REGARDING OUR USES AND DISCLOSURES OF PRIVATE INFORMATION, PLEASE TALK TO KATHERINE H. MUELLNER, LICSW.

This notice is effective October 1, 2003.

I have read and understand the above information:

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent, Guardian, or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

**Phone Call Consent**

I authorize Katherine H. Muellner, PLLC/HOPE Ranch to call me whenever needed at home \_\_\_\_\_ and/or at work \_\_\_\_\_ for any reason pertaining to my services.

\_\_\_\_\_  
Client or their representative

\_\_\_\_\_  
Date