

AFC Counseling Services
21 Ambassador Drive, Paradise, PA 17562, USA

Notice of Privacy Practices & HIPPA

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.

Commitment to your privacy: This office is dedicated to maintaining the privacy of your personal health information as part of providing professional care. It is required by law to keep your information private.

Use and Disclosure of your protected health information with your consent: Use of the information collected about you is mainly to provide you with treatment. After you read this notice you will be asked to sign your consent. If you do not consent and sign this form, you cannot be treated. To use, send, share, or release your information for other purposes, your consent will be asked for specifically and you will need to sign an authorization form.

Disclosing your health information without your consent: There are times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. Your information will only be shared with persons who are able to help prevent or reduced the threat.
2. When required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs

Your rights regarding your health information

1. You can request specific locations and ways to receive communication including via methods that are more private for you. For example, work rather than home or email rather than phone etc. Every effort will be made to accommodate you. **Please note** that the use of text messages and email is not a secure method of communication.
2. You have the right to look at the health information retained on you such as medical and billing records. You may be charged to receive a copy of this.
3. If you believe that the information in your records is incorrect or missing something important, you can ask for additions to your records to correct it. You will need to make this request in writing. You must also tell the reasons you want the changes.
4. You have a right to a copy of this notice.
5. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services. Filing a complaint will not change the health care you are provided.

You may have other rights granted to you by the laws of our State, and these may be the same as or different from the rights described above. This can be discussed with you as needed. If you have any questions regarding this notice or the health information privacy policies, please contact AFC Counseling Service. The effective date of this notice is 8/1/2018. Our website will have the most recent update once we make any changes.

I have read and understand this policy. I understand that I may also request a copy of this policy. I can get the most recent copy from the website if any update made.

Signature: _____ Date: _____