



## Notices of Policies and Practices to Protect the Privacy of Your Health Information (HIPAA Notice Form)

This notice describes how mental health and medical information about you may be used and disclosed, and how you can get access to this information. It is being provided to you as required by the Health Insurance Portability and Accountability ACT of 1996. Please review it carefully and feel free to ask any questions.

### **Uses and Disclosure for Treatment, Payment, and Health Care Operations:**

With your written consent, Counseling at Dupont a program of the McClendon Center, may use or disclose your protected health information (PHI) for the purposes of treatment, payment and health care operations. PHI refers to information in your health record that could identify you.

### **Uses and Disclosures Requiring Authorization:**

Counseling at Dupont, a program of the McClendon Center, may use or disclosed PHI for purposes outside of treatment, payment and health care operations when appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information. You may revoke an authorization to the extent that we have not already acted upon the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures without neither Consent nor Authorization:**

Due to ethical and/or legal requirements, we may have to use or disclose PHI without your consent or authorization in the following circumstances:

- If you present as a serious threat to the health and safety of yourself or others
- Suspected of Child or Elder abuse
- Legal Subpoena and/or Judicial or administrative proceedings

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First Name

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Last Name

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Signature

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Date