



Summary of Notice of Privacy Practices

The following is a brief summary of your rights and responsibilities as detailed in the Notice of Privacy Practices.

Uses and Disclosures of Your Health Information: We may use the information we develop and collect for treatment by our practice or disclose the information to others to whom we refer you for treatment, for payment for these services and for certain health care “operations” such as improving the competence and quality of our staff and business planning and management. We may disclose your information to our business associates such as medical transcriptionists, billing services, and others who assist in the operations of our practice. We will communicate with the client regarding their treatment at WFC using the selected preferred method and any other instructions given by the client on the intake form. We will adapt to any verbal permission or retraction that you convey in treatment, or on your respective clinician's voicemail box, or the general voicemail box. We are not accountable for any error made due to a client's change of preferences if this change has not been communicated before the time of the error. We may also disclose information to your family about your location or general condition. If you are available and able, we will ask your consent first. Your medical information may be disclosed without your authorization as required by law, for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings.

Other Uses and Disclosures: Except as described in the Notice, we will not use or disclose your medical information without your written authorization. You can revoke an authorization at any time except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights: You have a number of rights under state and/or federal law which are subject to the terms and conditions specified in the Notice:

- You may request restrictions on certain uses and disclosures of your information.
- You may request that you receive your information from us in a certain way.
- You may inspect and copy your medical records.
- You may request an amendment to any record you believe is inaccurate.
- You may request an accounting of disclosures made of your records.

Changes to the Notice: We reserve the right to change the Notice. If we do so, we will post it in our office and provide a copy upon request.

Complaints: You may file a complaint to our Privacy Official whose name is above or with the federal government as detailed in the Notice. You will not be penalized for filing any complaint.

I hereby acknowledge that I have received/reviewed a copy of Westport Family Counseling's Summary of Notices of Privacy Practices and that I may request a copy of the entire Notice at any time. I understand that this Summary is for convenience only and is not a substitute for reading the entire Notice and does not modify the terms of the Notice.

Print name of client (or parent/guardian)

Signature of client (or parent/guardian)

Date