

A Journey to Healing Counseling, PLLC
Privacy Practices Notice (HIPAA)

Purpose of this Form

This form is used to inform clients of A Journey to Healing Counseling, PLLC about their rights under the Health Insurance Portability and Accountability Act (HIPAA) regarding the handling of their Protected Health Information (PHI). This form also provides authorization for the release of specific PHI, should the client choose to do so.

Notice of Privacy Practices

At A Journey to Healing Counseling, PLLC, your privacy is a top priority. We are committed to protecting your health information in accordance with federal and state regulations. Your PHI includes any information about your health status, healthcare, or payment for healthcare that can be linked to you. This information is used for treatment, billing, and healthcare operations.

Your Rights under HIPAA:

- Access: You have the right to review or receive copies of your health records.
- Amendments: You can request corrections to your health information.
- Restrictions: You have the right to request a restriction on how your health information is used or shared.
- Confidential Communications: You can request that communications with you be made in a specific way (e.g., only at a certain phone number or address).
- Complaints: You can file a complaint with us or with the Department of Health and Human Services if you believe your privacy rights have been violated.

Client Acknowledgment and Signature

I acknowledge that I have been provided a copy of A Journey to Healing Counseling, PLLC's Notice of Privacy Practices, which outlines my rights under HIPAA and how my health information may be used or disclosed. I understand that I may revoke this authorization at any time by submitting a written request, except to the extent that action has already been taken in reliance on this authorization.