

## **Notice of Privacy Practices**

### **Our Commitment to your privacy**

Benjamin Counseling Center is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep this “protected health information” confidential. This notice describes how we use and safeguard your information.

We will use protected health information about you mainly to provide you with treatment, to arrange payment for our services, and for some other business activities which the law calls health care operations. If we or you want to use or disclose your information for any other purpose, such as coordinating care with your doctor, we will discuss this with you and ask you to sign an Authorization form to allow this.

In some legal situations we may be required to use or share your health information without prior authorization, such as:

1. When there is a serious threat to the health and safety of you, another individual, or the public.
2. Some lawsuits and 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 ask us to communicate with you about your health and related issues in a particular way that is more private for you. For example, you can ask us to call your home, not work, to schedule or cancel an appointment.
2. You have the right to ask us to limit what we tell family members and friends who are involved in your care, or the payment of your care. If we believe there are clinical or legal reasons why we cannot honor your request, we will discuss this with you.
3. You have the right to look at the health information we have about you. This includes identifying information and billing records, but does not include notes of psychotherapy sessions. You can get a copy of these records, but we may charge you for preparing the copies. If you wish to look at your health information, or receive copies, please contact your therapist.

4. If you believe the information in your records is incorrect or missing important information, you can ask us to make changes, called amending, to your health information. You must put this request in writing, include the reasons you want to make the changes, and sent it to our office.
5. You have the right to receive an accounting of any disclosures of your protected health information we have made since this notice went into effect.
6. You have a right to a copy of our current privacy practices. If we change this notice, we will post the new version in our waiting room, and you can request a copy from your therapist.
7. You have the right to file a complaint if you believe your privacy rights have been violated. Filing a complaint will not change the care we provide to you in any way.

If you have any questions regarding this notice or our privacy practices, please contact Annetta Benjamin, MA, LPC, NCC.

Effective July 30, 2011