

Professional Recovery Counseling, LLC

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Phone: (770)630-6892

HIPAA Notice of Privacy Practices Statement

Please Read Carefully. This information is provided to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA).

Permitted uses and disclosures of health information without authorization

Professional Recovery Counseling, LLC (referred to as PRC-LLC) places a high value on your confidentiality. Efforts will be made to obtain your authorization before releasing health information whenever possible. However, PRC-LLC is permitted to use and disclose protected health information, without an individual's authorization, for the following purposes or situations:

- Treatment, payment and health care operations
- As required by law
- Certain public health activities
- To report victims of abuse, neglect or domestic violence
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Decedents
- For research purposes
- Serious threat to health or safety
- Essential government functions
- Workers' compensation

Permitted uses and disclosures of health information with authorization

An individual's written authorization is necessary for any use or disclosure of protected health information that is not for treatment, payment, enrollment or benefits eligibility. An authorization must be written in specific terms, in plain language, and contain specific information to be disclosed or used, the person(s) disclosing and receiving the information, explanation, right to revoke in writing and other data. PRC-LLC has developed a specific form to be used to authorize the release of information at our client's request.

If you feel your privacy rights have been violated, please contact PRC-LLC using the contact information above or contact the Office of Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201.

Under the Federal HIPAA Privacy Rule, we are required to give you our Notice of Privacy Practices and make a good faith effort to obtain your acknowledgement of receipt of such.

By signing this form, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices and have the opportunity to ask questions.

Client Signature _____ Date _____

Witness _____ Date _____