

Bill Martin MFT
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HIPPA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Your health information privacy:

As part of providing professional care, I am committed to maintaining the privacy of your personal health information. I am also required by law to keep your information private. HIPPA (The Health Insurance Portability and Accountability Act) requires that I provide you with this notice of privacy practices.

I will use information about your health mainly to provide you with treatment, to arrange payment for our services, to file claims with insurance companies, and for some other business activities that are legally referred to as "health care operations."

If it will be useful to disclose or release your information for any other purposes, I will ask you to sign an authorization form for release of information.

Your health information is confidential. However, there are instances when the law requires me to share it. For example:

- If there is a serious threat to your health and safety or the health and safety of another individual or the public. I only share information with the person or organization that is able to help to prevent or reduce the threat.
- If there is any suspicion of child abuse, neglect, molestation, or sexual abuse.
- If there is any suspicion of elder abuse or neglect.
- If you are unable to take care of basic needs for yourself.
- If disclosure of your health information is court ordered.

Your rights regarding your health information:

- You can ask me to communicate with you about your health and related issues in a way that is more private for you. For example, you can ask me to call you at work and not at home, or ask me not to leave a telephone message on a home answering machine.
- You have the right to ask me to limit what I tell people who are either involved in your care or the payment for your care, such as family members and friends. I will keep our agreement except if it is against the law, in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information I have about you, such as your treatment and billing records. Please contact me to arrange how to see your records.
- If you believe certain information in your record is incorrect or missing, you can ask me to make some kinds of changes to your health information. You must make this request in writing and tell me the reasons you want to make the changes.

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- You have a right to copy of this notice. If I change this notice, I will post the new version on my website or you can obtain a new copy from me.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can contact the United States Secretary of Health and Human Services at:

The Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Room 515F, HHH Bldg.
Washington D.C., 20201.

- Filing a complaint will not change the health care I provide you in any way.
- If you have any questions regarding this notice or your health information privacy, please discuss them with me. My contact information is:

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Client Acknowledgement of Receipt of HIPPA Notice of Privacy Practices

I acknowledge that I have received a copy of the HIPPA Notice of Privacy Practices of Bill Martin MFT., effective July 5, 2011.

Print Name of Client or Responsible Party (if client is under the age of 18)

Signature of Client or Responsible Party

Date