

## HIPAA NOTICE OF PRIVACY PRACTICES - 2017

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

**Effective date: January 1, 2017**

DOUGLAS LAYER, LPCC has been and will always be totally committed to maintaining clients' confidentiality. I will only release healthcare information about you in accordance with federal and state laws and within ethical guidelines of the counseling profession.

This notice describes my policies related to the use and disclosure of your healthcare information.

**Uses and disclosures of your health information for the purposes of providing services:** Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes:

**TREATMENT** I may need to use or disclose health information about you to provide, manage or coordinate your care that could include consultations and potential referral sources.

**PAYMENT** Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. I may bill the person in your family who pays for your insurance.

**HEALTHCARE OPERATIONS** I may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

**Other uses or disclosures of your information that does not require your consent:** There are some instances where I may be required to use and disclose information without your consent, and include, but are not limited to: (1) Information you and/or your child or children report about physical or sexual abuse, then by New Mexico State Law, I am obligated to report this to the Department of Children and Family Services; (2) If you provide information that informs me that you are in danger of harming yourself or others; (3) Information to remind you of /or to reschedule appointments or treatment alternatives; (4) Information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order.

I have read and understand the above practices.

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Signature

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Date