



HIPAA CLIENT RIGHTS

Client Name: _____

Responsible Party Name (if client is a minor): _____

Right to request how you are contacted

It is our normal practice to communicate with you at your home address, daytime phone number, or email provided when you scheduled your appointment, about health matters, such as appointment reminders etc. Sometimes we may leave messages on your voicemail. You have the right to request that my office communicates with you in a different way.

May we contact you at home? Yes No

May we contact you at work? Yes No

May we contact you by cell phone? Yes No

Can we leave a message at this number? Yes No

May we email you? Yes No Address: _____

Preferred method to contact you? _____

Clients shall not be excluded from services or denied access to services on the basis of race, creed, national origin, color, gender, sexual orientation, religion or physical limitations.

Ensuring the rights of all clients is my utmost priority. Your rights include:

- The right to be treated with dignity and respect.
- The right to confidentiality including all information in your record except when state law requires or allows disclosure.

- The right to be protected from harm, abuse and exploitation.
- The right to contact and consult with your attorney, your PCP, or to others of your choice at your own expense.
- The right to be provided with general information about services and policies in a manner that is easily understood.
- That any incidents related to your safety are handled in a manner that promotes full disclosure to the proper authorities and minimizes risk.
- Freedom from threat or fear of unwarranted termination from services.

In addition, your legal rights include the following:

- Reasonable accommodation of the client's disability condition.
- Maximum participation in the development of a timely written treatment plan that is responsive to the client's needs and allows an opportunity for the client to make corrective comments to case records.
- Confidential management of records with legally proper disclosure procedures.
- Upon admission, prompt evaluation and treatment about written information that has been provided for which general consent has been obtained.

Right to release your medical records

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we acted in reliance on such authorization.

Right to inspect and copy your medical and billing records

You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, please notify me of your request. Under limited circumstance I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing and supplies.

Right to add information or amend your medical records

If you feel that information contained in your medical record is incorrect or incomplete, you may ask me to add information to amend the record. I will make a decision on your request with 60 days, or some cases within 90 days. Under certain circumstance, I may deny your request to add or amend information. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your record. To request an amendment, you must contact me. I will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to an accounting of disclosures.



351 Wagoner Dr STE 135
Fayetteville, NC 28303
888-550-2804
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You may request an accounting of any disclosures, if any, I have made related to your medical information, except for information I used for treatment, payment, or health care operational purposes or that I shared with you or your family, or information that you gave me in a specific consent to release. It also excludes information I was required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after the date your services began, please submit your request in writing to me. I will notify you of the cost involved in preparing this list.

Right to request restrictions on uses and disclosures of your health information

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing and submitted to me. However, I am not required to agree to such a request.

Right to complain or file a grievance.

If you believe your privacy rights have been violated or you have a complaint or grievance, please contact me personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a complaint with the Governor's Advocacy Council or with the North Carolina Board of Licensed Professional Counselors. An individual will not be retaliated against for filing such a complaint.

North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)
PO Box 77819
Greensboro, NC 27417
Ph: 336-217-6007
Fax: 336-217-9450

You have the right to receive any future policy changes secondary to changes in state and federal laws. Please contact me with any questions or concerns.

CateRRRflies Lifework
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