

# HIPPA FORM

## Your information may be shared without your permission when:

- Pleasant Streams Counseling and Consulting, LLC communicates for consultative and supervisory purposes to ensure the highest levels of care for you.
- You disclose information that, as mandated reporters, I am required by law to report to the proper authorities.
- I am required to do so by federal, state, or local law.
- Your health information is ordered to be disclosed by court order, subpoena, warrant, summons or similar process.
- Your information is disclosed in a way that does not reveal your identity.

## Your information may be shared with your permission when:

- A third party is billed for your treatment.
- You request specific information be shared with a third party.

## Get an electronic or paper copy of your health record

- You may request to see a copy of your health record and other health information we may have about you. Ask us how to do this.
- We will provide a copy or a summary of your health record within 30 days of your written request. We may charge a reasonable, cost-based fee.

## Ask us to correct your health record

- You may ask us to correct health information about you that you believe is incorrect or incomplete. Ask us how to do this.
- We may deny your request, but we will explain our denial in writing within 60 days.

## Request confidential communications

- You may ask us to contact you using a specific phone number or email.
- We will accommodate all reasonable requests.

## File a complaint if you feel your rights are violated

- You may file a complaint in writing to Korissa Nauman if you feel I have violated your rights. You will not be penalized for filing a complaint.

## OUR RESPONSIBILITIES

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if the privacy and security of your information may have been compromised.
- I will never sell your health information.
- I will never use your health information for marketing, promotional, or fundraising purposes without your express written consent.
- I will give you a copy of this document upon your request.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**I have reviewed this document.**