

*Counseling Solutions, Inc.*  
*Nina K. Flowers, MEd, LPC*  
*19465 Deerfield Avenue, Suite 201*  
*Lansdowne, Virginia 20176*  
*703-858-5507*

NOTICE OF PRIVACY PRACTICES  
Effective April 14, 2003

**This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Counseling Solutions, Inc. has a duty to maintain privacy of your health information and to provide you with this notice. You will be asked to sign a Release of Information Form. Once you have signed the Release of Information Form, the Counseling Solutions counselor may use or disclose your Protected Health Information (PHI) for purposes of diagnosis, treatment, obtaining payment or to conduct healthcare operations. For example, if you choose to use insurance, to receive payment Counseling Solutions must provide information about you to your insurance company.

Other permitted and required use and disclosures that may be made without your consent, authorization, or opportunity to object:

**Abuse or Neglect:** If the Counseling Solutions counselor suspects abuse or neglect of a child or elder, she is mandated to make a report to the appropriate public authorities.

**Danger:** If the Counseling Solutions counselor suspects you are in imminent danger of harming yourself or someone else, she is mandated to make a report to the person at risk and to the public authorities.

**Legal Proceedings:** The Counseling Solution counselor may disclose PHI in response to a court order or subpoena or in certain other legal proceedings.

You have the following rights regarding PHI Counseling Solutions maintains about you:

**Right to Inspect and Copy:** You have the right to inspect and request copies of information that may be used to make decisions about your care. Usually this includes demographic and billing records but does not include psychotherapy case notes. To inspect and/or receive copies of information, you must submit a request in writing. If you request a copy of information, Counseling Solutions may charge a fee for the cost of copying, mailing, or other supplies associated with your request. Counseling Solutions must respond to your request within fifteen business days of receipt.

**Right to Amend:** If you feel that PHI about you is incorrect or incomplete, you may ask Counseling Solutions to amend the information. You have the right to request an amendment for as long as Counseling Solutions keeps the information. Your request for amendment must be in writing and must provide a reason supporting your request.

**Right to an Accounting of Disclosures:** You have the right to request an Accounting of Disclosures the Counseling Solutions counselor has made of information about you. You must submit your request in writing to the above address. Your request must state a period for the disclosures, which may not be longer than six years and may not include dates before April 13, 2003.

**Right to Request Restriction on Use and Disclosures:** You may request that disclosure of confidential information be limited. If Counseling Solutions is unable to agree to that restriction, we can discuss other options, such as referral to another counselor.

**Right to Limit Reception of Confidential Information:** For example, you may request that the Counseling Solutions counselor only contact you at a certain telephone number or address. You do not have to give a reason for your request.

**Right to a Paper Copy of this Notice of Privacy Practices:** You have a right to a paper copy of this signed Notice.

Other uses and disclosures of PHI and any disclosure of psychotherapy case notes will be made only with your written authorization. After such authorization is given, you may revoke that authorization at any time from future use. This Notice may be amended as needed to comply with federal, state and professional requirements.

If you believe your privacy rights have been violated, please let Counseling Solutions know either in writing or by talking with us. Such a complaint will not result in any retaliation by Counseling Solutions. You may also file a complaint with the Secretary of the US Department of Health and Human Services.

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Receipt of Notice of Privacy Practices Acknowledgement

I, \_\_\_\_\_ (printed name), acknowledge receiving a copy of Counseling

Solutions' Notice of Privacy Practices on \_\_\_\_\_ (date).

\_\_\_\_\_  
Client's or Custodial Parent's/Guardian's Signature