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LICENSED PROFESSIONAL COUNSELOR

HIPAA (Health Insurance Portability and Accountability Act)

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

Notice of Client Rights

- You have the right to receive full information from your counselor about his professional knowledge, skills, preparation, experience, and credentials.
- You have the right to be informed about the options available for treatment interventions and the effectiveness of the recommended treatment.
- You have the right to have explained to you how a therapy technique works as well as given an explanation for its intended purpose before it is employed.
- You have the right to refuse a particular therapy technique or method.
- You have the right to request restrictions on certain uses and disclosures of your counseling records. However, your counselor is not required to agree to a restriction you request.
- You have the right to request and receive confidential communications from your counselor by alternative means and at alternative locations. For example, if you don't want co-workers to know you are seeing a therapist, you can direct your counselor to telephone you only at home.
- You have the right to inspect and/or obtain a copy of your, or your minor child's, counseling record as long as the record is maintained.
- You have the right to request an amendment of your, or your minor child's, counseling record for as long as the record is maintained. Your counselor may deny your request.
- You generally have the right to receive an accounting of disclosures from your, or your minor child's counseling record, for which you have neither provided consent nor authorization. Such disclosures are described under the section: "Limits of Confidentiality," in the Statement of Understanding, which was given to you.
- You have the right to complain should you believe your privacy rights have been violated. In such cases first discuss the concern with your counselor. If you are not satisfied with the outcome, you may file a written complaint with the New Jersey Professional Counselor Examiners Committee at 973-504-6582 or via email at: AskConsumerAffairs@ipc.state.nj.us.

Notice of Privacy Practices

Your counselor has been and will always be totally committed to maintaining clients' confidentiality. He will only release information about your counseling records in accordance with federal and state laws and ethics of the counseling profession.

This notice describes your counselor's policies related to the use and disclosure of your counseling records.

Uses and disclosure of your counseling records for the purposes of providing services—providing treatment services, collecting payment, and conducting counseling operations are necessary activities for quality care. State and federal laws allow your counselor to use and disclose information from your counseling records for these purposes.

Treatment—your counselor may need to use or disclose information from your counseling records to provide, manage, or coordinate your treatment or related services, which could include consultations with medical or mental health professionals and potential referral sources.

Payment—your counselor may need to disclose information from your counseling records that is 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.

Counseling Operations—your counselor may need to use information about you to review his treatment procedures and business activity. This may involve supplying a government agency with statistical data. In such cases your name and personal information will not be divulged.

Other uses or disclosure of your information that does not require your authorization or consent—these disclosures are described under the section: "Limits of Confidentiality," in the Statement of Understanding, which was given to you.

I have been given a copy of this document for my personal keeping:

Client Signature (or person authorized by law)

Date