

Notice of Privacy Practices

The Refuge Counseling Center, LLC

All statements that are made are of a confidential nature, including all written information, and may not be disclosed without written consent.

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.

The Refuge's commitment to your privacy: The Refuge is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This notice is a shorter version of the full, legally required NPP and you may have a copy of this to read and refer to it for more information. However, we cannot cover all possible situations so please talk to our Privacy Officer (see at the end of this notice) about any questions or problems.

We will use the information about your health which we get from you or from others mainly to provide you with treatment, to arrange payment for our services, and for some other business activities which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a Consent form to let us use and share your information.

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization form to allow this. Of course we will keep your health information private but there are sometimes when the laws require us to use or share it. For example:

1. When there is a serious threat to your health and safety or that of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.

A) A counselor working with adults and children may be encouraged or required by law to disclose the appropriate person, agency, or civil authority any harm that a person may attempt or desire to do to one's self or to others, or any reasonable suspicion of physical abuse being done or having been done to a minor child. This counselor reserves the right to make such reports.

B) To insure the highest quality of service and in the best interest of the client, your counselor reserves the right to consult with another professional regarding your treatment. This consultation will be held in strict professional confidence.

2. Some lawsuits and legal proceedings.

3. If a law enforcement official requires us to do so.

4. For Workers Compensation and similar benefits programs.

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There are some other situations like these but which don't happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information.

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. WE will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at health information we have about you such as your medical and billing records, but you are not able to see any therapist notes or impressions that may be deemed "harmful" to you in any way. All records are the property of The Refuge Counseling Center, LLC, though a written summary may be provided to another provider directly with your written consent.
4. You have a right to correct or amend personal information that may be incorrect or missing. You must notify us in writing and tell us the reasons you wish to make the changes.
5. You have the right to a copy of this notice. If we change this NPP, we will post a new version and you can always get a copy of the NPP.
6. You have a right to file a complaint if you believe your privacy rights have been violated. You may do so with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All such complaints must be in writing. Filing a complaint does not change the healthcare we provide to you in any way.

If you have any questions regarding this notice in our health information privacy policies, please contact our Privacy Officer who is: Cheryl Laurenza, MA, LPC, NCC and may be reached at 678-693-2281 You may have additional rights granted by the laws of this state that may be the same or different from the above. I will be happy to discuss these situations with you now or as they arise.

Effective date of this notice is January 02, 2017

By my signature, I acknowledge to my counselor that I have read, understood, and have agreed to the Counseling Guidelines, and the Notice of Privacy Practices, and that I accept the stated conditions and limits of confidentiality. I acknowledge responsibility for all fees incurred and should collection of my account be necessary, I will be responsible for all costs of litigation including attorney's fees.

Client Signature

Date

Counselor Signature

Date
