

# NOTICE OF PRIVACY PRACTICES

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This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to me.

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## **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14<sup>th</sup>, 2003.

I reserve the right to change privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in privacy practices and the new terms of the Notice effective for all health information that I maintain, including health information created or received before the changes. Before I make a significant change in privacy practices, I will change this Notice and make the new Notice available upon request.

You may request a copy of this Notice at any time. For more information about privacy practices, or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

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## **Uses and Disclosures of Health Information**

Disclosure of health information about you is used for treatment and payment. For example:

**Treatment:** I may use or disclose your health information to a physician or other healthcare provider providing treatment to you. If you are referred for services by the Children's Division, Medicaid, and specific Insurance companies, then this provider is obligated to exchange information with the aforementioned agencies.

**Payment:** I may use and disclose your health information to obtain payment for services provided to you.

**Your Authorization:** In addition to use of your health information for treatment and payment, you may give written authorization to use your health information or to disclose it to anyone for any purpose. If you give authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

**Required by Law:** When required to do so by law, I may use or disclose health information. Licensed Clinical Social Workers are mandated by law to report any instance or suspicions of child abuse or neglect. Also to report threats of violence or bodily harm made by clients towards others or in circumstances where the client may harm herself/himself. Information may also be released if a court of law compels this provider to do so.

**Appointment Reminders:** I may use or disclose your health information to provide you with appointment reminders such as voicemail messages.

**Questions and Complaints**

If you want more information about privacy practices or have questions or concerns please contact me. If you are concerned that I may have violated your privacy rights or you disagree with a decision made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information you may submit a written complaint to the U.S. Department of Health and Human Services. It is also the policy of this provider, Cynthia Eisenbeis, to provide services to all persons without regard to race, color, national origin, religion, sex, age, or disability. No person shall be excluded from participation in, or be denied benefits of any service, or be subject to discrimination because of race, color, national origin, religion, sex, age, or disability. If you believe you have been denied a benefit of service because of your race, color, national origin, religion, sex, age, or disability you may file a complaint also with the Department of Health and Human Services at Office for Civil Rights 601 East 12<sup>th</sup> Street, Kansas City, MO 64106.

**Main Street Counseling, LLC**  
**1286 Jungerman Rd**  
**St. Peters, MO 63376**  
**Phone: 636-498-0700**  
**Fax: 636-244-1933**

## **Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, have received a copy of this office's Notices of Privacy Practices, understand, and agree to the terms stated above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)