

# SOLACE

Counseling + Wellness

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## Notice of Privacy Practices

Last updated January 30, 2021

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**This notice describes how your health information may be used and disclosed and how you or others can obtain access to this information.**

This notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1995. Any information coming into the possession of Solace Counseling is covered by this act. Any information requested by Solace Counseling, will be relevant to the care and well-being of the individuals served. All the information shall be considered Protected Health Information (PHI).

Your signature of this Privacy Notice shall serve as acknowledgement that you have been informed about Solace Counseling, privacy practices. Additionally, your signature gives Solace Counseling, permission to use and share information necessary for treatment and collection efforts only (i.e. clinical supervision, quality assurance reviews, communications with billing staff). The use or sharing of any information not directly related to these services and supports shall have prior written authorization.

*An example of information sharing that may be necessary, without written consent or authorization is a life threatening medical emergency.*

### **Rights of the Individual**

The individual, in writing, may request restrictions on the use or sharing of information, receive confidential communication, inspect and receive copies of any shared information, receive an accounting of shared information and amend or revoke the authorization.

### **Duties of Solace Counseling**

Solace Counseling, will maintain the privacy of your Protected Health Information, provide information about privacy practices, provide notice of legal duties regarding privacy practices, abide by this effective notice and any restriction agreements that are established, and provide notice of any revised privacy practices.

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For additional information or complaints regarding privacy practices contact Solace Counseling, Privacy Officer, Leslie Wright.

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I have read or been read the Privacy Practices of Solace Counseling, and have received a copy. I understand all components of it and have had all questions answered by a staff member.

Signature of Client/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Client Name: \_\_\_\_\_