

Rebecca Wiklanski, LMSW

Notice of Privacy Practices

HIPAA Privacy Notice for Protected Health Information

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.

Your privacy is important. This notice explains how your **Protected Health Information (PHI)** may be used and disclosed and describes your rights regarding that information.

Protected Health Information includes information about your mental health, treatment, and personal identifying information that may be used to identify you.

How Your Health Information May Be Used and Disclosed

The following categories describe ways your information may be used and shared.

For Treatment

Your therapist may use and disclose your information to provide, coordinate, or manage your mental health care.

Examples may include:

- Discussing treatment with another healthcare provider
- Referring you to another specialist
- Consulting with other professionals for treatment planning

Only the information necessary to support your treatment will be shared.

For Payment

Your information may be used to obtain payment for services provided.

Examples include:

- Submitting claims to your insurance company
- Verifying insurance coverage
- Billing and payment processing

Insurance companies may request certain information such as diagnosis, treatment dates, and services provided.

For Health Care Operations

Your information may be used for practice operations that support quality care.

Examples include:

- Clinical supervision or consultation
- Quality improvement activities
- Administrative and business management functions

Whenever possible, identifying information will be limited.

Situations Where Disclosure May Be Required by Law

There are certain situations where your therapist may be legally required to disclose information without your consent.

These may include:

Abuse or Neglect Reporting

- Suspected abuse or neglect of a child
- Abuse of an elder or vulnerable adult

Serious Threat to Health or Safety

- If there is a serious risk of harm to yourself or others

Court Orders

- When required by a court order or legal proceeding

Law Enforcement Requests

- When disclosure is required by law

Other Uses and Disclosures

Other uses of your information not covered by this notice will be made **only with your written authorization**. You may revoke this authorization at any time in writing.

Your Rights Regarding Your Health Information

You have several rights under HIPAA regarding your Protected Health Information.

Right to Inspect and Copy

You have the right to request access to your health records and obtain copies.

Reasonable fees may apply for copies.

Right to Request Corrections

If you believe information in your record is incorrect or incomplete, you may request that it be corrected.

Your request must be submitted in writing.

Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your information. While reasonable requests will be considered, they cannot always be guaranteed.

Right to Request Confidential Communication

You may request that we contact you in a specific way (for example, by phone, email, or mail).

Right to Receive a Copy of This Notice

You have the right to receive a paper or electronic copy of this notice at any time.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint.

You may file a complaint with the practice or with the **U.S. Department of Health and Human Services Office for Civil Rights**.

You will **not be penalized or retaliated against** for filing a complaint.

Changes to This Notice

This practice reserves the right to change this privacy notice at any time. Any revised notice will apply to all health information maintained by the practice.

Updated notices will be available upon request.

Contact Information

If you have questions about this notice or your privacy rights, please contact:

Practice Name: Rebecca Wiklanski, LMSW

Phone: (313) 389-6376

Email: beckywiklanski@gmail.com

Acknowledgment of Receipt

I acknowledge that I have received a copy of the **Notice of Privacy Practices**.

Client Name: _____

Signature: _____

Date: _____