

ERIN LIEBMAN

School Psychologist, Reading Specialist, Licensed Clinical Professional Counselor

CLIENT RIGHTS

Right To Request How We Contact You:

It is my practice to contact you via your home address, phone number provided, or email. If you have a preferred mode of communication, it is your right to determine how we communicate.

Right To Release Your Medical Records:

You have the right to release your medical records at any time to a third party, with written consent. It is your right to revoke this consent at any time. Your revocation will not apply retroactively to information provided to a third party.

Right To Inspect/Copy Your Medical And Billing Records:

You have the right to view and copy any information pertaining to your healthcare that is located in your medical records. Please contact me directly to arrange this. Under rare circumstances, this may not be possible. The time incurred to gather materials, copy, and mail, are subject to a fee.

Right To Amend Or Add Information To Your Medical Records:

You have the right to request that information be added to your medical records if your perception is that they are incomplete. This request must be put in writing, and a decision will be made within 60 to 90 days. In certain cases, your request may be denied, and it is your right to file a statement of dissent, and my response will also be included. Finally, if an amendment is being requested, please provide it in writing addressed directly to me.

Right To An Accounting Of Disclosures:

It is your right to request an accounting of disclosures, if any, have been made related to your medical information. Exceptions to this include the following: information used for treatment, payment, or health care operational purposes, information you provided a specific release, and information that was required to release. For information regarding a disclosure within the last six months, please put your request in writing. A fee may be incurred for the cost of preparation.

Right To Request Restrictions On Uses And Disclosures Of Your Health Information:

It is your right to request specific restrictions on the uses and disclosure of your health information. Please put this in writing, and submitted it to me directly. In rare circumstances, this request may be denied.

Right To Complain:

It is your right to therapist-client confidentiality as outlined in the HIPAA disclosure. If for some reason you feel that I have violated your privacy, please contact me directly to discuss this matter. If we are unable to resolve the issue, it is your right to file a complaint with the Department of Health and Human Services. No one who files a complaint will be at risk for retaliation.

Right To Receive Changes In Policy:

It is your right to receive policy changes as designated by changes in State and Federal laws.

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I have received a copy of the HIPAA Privacy Policy, and Client Registration Form. Your questions have been clarified and responded to by the clinician.

Print Name: _____

Signature: _____ **Date:** _____