

# Alpha Hope Counseling, Inc.

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Cumming, Georgia 30040  
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**NOTICE: PATIENT PRIVACY**

**DATE: June, 2020**

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of medical information and to provide you with Notice describing:

## **HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

We may require your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have the important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right side of this page indicates the date of the most current Notice in effect.

You have the right to receive a copy of our most current Notice in effect. If you have not reserved a copy of our current Notice, please ask at the front desk and we will provide you with a copy.

You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information). If you request copies, we will charge you .25 cents for each page. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

If you have any questions, concerns or complaints about the Notice of your medical information, please contact Charles L. Britt with Alpha Hope Counseling, Inc. at either location.

Client \_\_\_\_\_ date \_\_\_\_\_