



Privacy Notice

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 confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care, you have been deemed to be a danger to self or others, or by court order signed by a Judge.
- Your confidentiality will be protected to the highest extent of the law.

Your rights concerning your medical information:

- You may be contacted by Hope and Balance Counseling, LLC to remind you of any appointments, healthcare treatment options or other health services that may be of interest.
- You have the right to receive confidential communication about your health status.
- You have the right to review and obtain a photocopy of any/all portions of your healthcare information, which Hope and Balance Counseling, LLC has created.
- You have the right to make certain changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You will be notified of this Privacy Notice at your first appointment and may request a copy at any time.
- Hope and Balance Counseling, LLC is required by law to protect the privacy of its patients.
- Hope and Balance Counseling, LLC will keep confidential any and all patient healthcare information and will provide patients with notice of its legal duties and privacy practices with respect to protected healthcare information.
- Hope and Balance Counseling, LLC will abide by the terms of this notice. Hope and Balance Counseling, LLC reserves the right to make changes to this notice and will continue to maintain the confidentiality of all protected healthcare information. Patients will be notified either in person or by mail of any changes to this notice.
- You have the right to complain to Hope and Balance Counseling, LLC or to the Secretary of the US Department of Health and Human Services, if you believe your rights to privacy have been violated. Complaints to Hope and Balance Counseling, LLC must be in writing and must be directed to the address provided below. No adverse action or retaliation will be taken against you for filing a complaint.

For further information about the privacy policies, practices or need to file a complaint please contact: Jennifer Alldridge, 561-510-0454, PO Box 1813, Jupiter, Florida 33468, [Jennifer@hopebalance.com](mailto:Jennifer@hopebalance.com)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_