

Miriam Vinton LPC

1049 Robertson ST. #2, Fort Collins, CO 80524

Notice of Privacy Practices and Client Rights

To my patients:

This notice describes how health information about you may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996. (HIPPA)

A commitment to your privacy

This office is dedicated to maintaining the privacy of your health information. It is required by law that the confidentiality of your health information be maintained. Although these laws are complicated, you must be provided with the following information.

Use and disclosure of health information in certain circumstances

The following circumstances may require me to use or disclose your health information:

1. To public health authorities and health over site agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. When necessary to reduce a serious threat to your health and safety or the health and safety of another individual or the public. Disclosures will only be made to a person or organization able to help prevent the threat.
4. If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
5. If required to do so by a law enforcement official.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For worker's Compensation and similar programs.

Your rights regarding your health information

1. Communications. You can request that this office communicate with you about your health and related issues in a particular manner or at a certain location. we will accommodate reasonable requests.

2. You can request a restriction in our use or disclosure of your health information for payment, or health care operations. You also have the right to request that we restrict your disclosure of your health information to only certain individuals involved in your care or the payment of your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except the otherwise required by law, in emergencies, or when the information is necessary to treat you.

3. You have the right to inspect and obtain a copy of health information that may be used to make decisions about you, including patient records and billing records in our possession. You must submit your request in writing.

4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our office. Your request must be in writing and include a reason that supports your request for amendment.

5. Right to copy of this notice. You are entitled to receive a copy of this notice at any time.

6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with my practice by contacting my office. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7. Right to provide an authorization for other uses and disclosures. My office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact me at 303-870-6845 or send correspondence to:

Miriam Vinton LPC
1049 Robertson ST. #2
Fort Collins, CO 80524

I hereby acknowledge that I have been presented with a copy of the Privacy Practices of Avalon Counseling PLLC.

Signature _____ Date _____

Printed Name of Patient _____