

# HIPPA Notice of Privacy Practices

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This notice describes how health information about you may be used and disclosed and how you might get access to this information. Please review the form carefully. Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have any questions about this notice please contact Jennifer Rapanos at 989.488.7449. You may also find this notice on my website.

I am required by law to maintain the privacy and security of your protected health information (PHI) and to provide you with this Notice of Privacy Practices (Notice). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization (Authorization). It is your right to revoke such authorization at any time by giving me written notice of your revocation.

**Uses and Disclosures:** PHI can be used or shared in the following ways:

- **Treatment:** I may use and disclose your PHI to treat you, which may include disclosing your PHI to other health care professionals who provide treatment and/or service to you. A release of information form must be signed by you giving me authorization to share your PHI with identified professionals. PHI may also be disclosed to your family, friends and/or persons you choose to involve in your care, only if you give me authorization.
- **Payment:** I may use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. This disclosure may include the billing company and insurance companies.
- **Emergencies:** I may use or disclose health information to notify, or assist in the notification of a family member or anyone responsible for your care, in the case of any emergency involving your care, your location, your general condition or death. Under emergency conditions or if you are incapacitated I will use my professional judgment to disclose only that information directly relevant to your care.
- **Required by Law and Legal Action:** I may use or disclose your PHI when required by to do so by law (this may be in response to a court or administrative order, subpoena or other lawful process).
- **Danger to Self or Others:** I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other possible victim of other crimes. I may disclose PHI if you are suicidal or homicidal. The information disclosed will be to the extent necessary to prevent a serious threat to your health or safety, or that of others.

- **Appointment Reminders:** I may use or disclose PHI to provide you with appointment reminders such as voicemail messages or letters.

**Your rights as my client:**

- **The Right to See and Get Copies of Your PHI.** Upon written request, you have the right to paper copies of your PHI. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
- **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.
- **The Right to Request Restrictions.** You may request that we place additional restrictions on our use or disclosure of your PHI. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergencies).
- **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

**Questions and Complaints**

You have the right to ask questions and/or file a complaint with me if you feel that I have not complied with my Privacy Policy. If you feel I may have violated your privacy rights or if you disagree with a decision we made regarding your access to your health information you can complain to me in writing. To contact me in writing please refer to the contact information on the front of this form. I support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with me or the U.S. Department of Health and Human Services.

**\*Signing this document indicates that you have read and understand the privacy policies.**

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Client Signature

Date

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Parent/Guardian Signature (if client is under age 18)

Date