

VEAL THERAPY SERVICES

Rachel Veal, MA, LPC

Notice of Privacy Practices (NPP)

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. It is provided to you pursuant to provisions of the Health Information Portability and Accountability Act of 1996 (HIPAA) and related federal regulations. Please review the information below and ask any questions you may have.

Veal Therapy Services is a Limited Liability Company in the state of Georgia responsible for providing a variety of professional services which deal with mental health and other confidential information. My commitment to confidentiality is dedicated to maintaining the privacy of your or your child(ren)'s Protected Health Information (PHI). I am required by law to do this. These laws are complicated but state that we must provide you with important information. This form explains our privacy practices. We will use information about your health, which could be gathered by you and/or others, to provide you with treatment and services offered by Veal Therapy Services. These services are referred to in the law as "health care operations." After you have read this NPP, I will ask you to sign this form authorizing me to share your or your child(ren)'s information if necessary. If you do not consent to sign this form, I may not be able to provide counseling services to you. If you/we need to disclose (send, share, release) your or your child(ren)'s Protected Health Information for any other reason besides those listed below, I would need to obtain written consent from you. Additionally, this will require that you sign an authorization form to allow disclosure.

I will keep your or your child(ren)'s PHI entirely private, but there are some instances when the law requires me to share it such as:

1. When there is a serious threat to your or your child(ren)'s health and safety, or the health and safety of another individual or the general public. I will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal proceedings (only shared if court ordered, even if requested).
3. If a law enforcement official requires me to do so (must also have a court order).

Signature of client:

Signature of legal guardian (if client is under 18):

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Date: _____