

Ceci Addams, MS
Licensed Marriage and Family Therapist (# MFC 45251)
dba Compassionate Counseling Services

23201 Mill Creek Drive, Suite 220
Laguna Hills, CA 92653

949-678-9530
www.ceciaddams.com

NOTICE OF PATIENT INFORMATION PRACTICES
(Page 1 of 2)

This notice describes how medical information about you may be used or disclosed and how you can get access to information. **Please review it.**

Therapist's legal duty: The above-named therapist is required by laws to protect the privacy of your personal health information, provide this notice about her information practices, and follow the information practices that are described herein.

Uses and Disclosures of Health Information: The therapist uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care she provides. For example, the therapist may use your personal health information to contact you to provide information about treatment alternatives or other health-related benefits that could be of interest to you.

The therapist may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. The therapist also provides information when required by law. In any other situation, the therapist's policy is to obtain your written authorization before disclosing your personal health information. If you provide the therapist with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

The therapist may change her policy at any time. When changes are made, a new Notice of Patient Information Practices will be made available to you. You may also request an updated copy of the Notice of Patient Information Practices at any time.

Patient's Individual Rights: You may have the right to review or obtain a copy of your personal health information at any time. You have the right to request that the therapist correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where the therapist has disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that the therapist does not use or disclose your personal health information for treatment, payment, and/or administrative purposes, except when specifically authorized by you, when required by law, or in emergency circumstances. The therapist will consider all such requests on a case-by-case basis, but is not legally required to accept them.

Concerns and Complaints: If you are concerned that the therapist may have violated your privacy rights, or if you disagree with the decisions she has made regarding access of disclosure of your personal health information, please contact her directly at the address listed below:

Ceci Addams, MS, MFT
DbA Compassionate Counseling Services
23201 Mill Creek Drive, Suite 220
Laguna Hills, CA 92653
Tel: 949-678-9530

[PLEASE SIGN AND DATE ON PAGE 2 OF THIS FORM]

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I have read and fully understood the above-named therapist's Notice of Patient Information Practices. I understand that the therapist may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of service provided, and any administrative operations related to treatment or payment. I understand that I have the right to request restrictions on how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the therapist. I also understand that the therapist will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure on my personal health information for purposes as noted in the therapist's Notice of Patient Information Practices. I understand that I retain the right to revoke this consent by notifying the therapist in writing at any time.

Print Name

Signature

Date