

Randi L. Redmon, LMHC, NCC

Redmon Integrative Counseling Services, LLC

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**NOTICE OF PRIVACY PRACTICES**

This action describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review the entire document.

*Randi L. Redmon, LMHC, NCC* of Redmon Integrative Counseling Services, LLC is required by law to maintain the privacy of certain health information. Your Protected Health Information (PHI) can only be released for purposes of continuity of care or insurance purposes without obtaining your initial, written approval:

* Day to day operations at Redmon Integrative Counseling Services, LLC may require discussion of your condition among appropriate staff in order to provide you with proper treatment
* Redmon Integrative Counseling Services, LLC may contact you based on your protected health care information, including calls to schedule appointments and provide you with information regarding available treatment, benefits and services,
* Redmon Integrative Counseling Services, LLC may provide information to government officials to oversee health care or threats to public safety.

There will be no other use or disclosure of your protected health care information without your written authorization. It is important to know and understand that you may cancel such written authorization at any time.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH CARE INFORMATION**

* You have the right to request restrictions on some of the ways Redmon Integrative Counseling Services, LLC uses and discloses your information. Redmon Integrative Counseling Services, LLC may not always agree to implement amended restrictions.
* You have the right to receive confidential communications. Redmon Integrative Counseling Services, LLC will work with you to determine an acceptance method of confidential communication.
* You have the right to inspect and obtain copies of your health care information held by Redmon Integrative Counseling Services, LLC by submitting a written request. Redmon Integrative Counseling Services, LLC may charge you a reasonable fee to cover the cost of providing this information.
* You have the right to request that Redmon Integrative Counseling Services, LLC amend or correct your personal information of record. To request a change you must submit a written request to include the purpose of such change. Redmon Integrative Counseling Services, LLC may not always agree to such requests for such changes.
* You have the right to a list of Redmon Integrative Counseling Services, LLC disclosures that were not authorized by you and the disclosures that were unrelated to treatment or day to day operations.

If you have any questions or wish to initiate a complaint about the way Redmon Integrative Counseling Services, LLC handles your protected health care information or if you believe your privacy rights have been violated, contact Randi Redmon at 813-716-1582. You may also contact the Secretary of the U.S. Department of Health and Human Services.

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Redmon Integrative Counseling Services, LLC

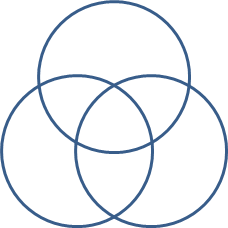
Randi L. Redmon, LMHC, NCC

MH#13439

813-716-1582

10417 Spring Hill Dr. Spring Hill, FL 34608

randi@redmoncounseling.com



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Integrative Counseling Services

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**NOTICE OF PRIVACY ACKNOWLEDGEMENTOF RECEIPT**

I received a copy of Redmon Integrative Counseling Services, LLC Notice of Privacy Practices. I understand that if Redmon Integrative Counseling Services, LLC uses my personal health care information in a manner that is different than described within this notice, Redmon Integrative Counseling Services, LLC must first obtain my written authorization.

**I am accepting this Notice on behalf of:**

Myself Another person as his or her personal representative (parent, guardian, family member, etc.)

Print Name of Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Personal Representative (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client/Personal Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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