



Credence Therapy Associates
1 ½ West Geneva Street
Elkhorn, WI 53121
(262)723-3424

Notice of Privacy Practices

Please read the following statements and provide your signature where indicated agreeing that you did review this and understand its contents. If you have any questions, please ask your therapist or any of the office staff to assist you. You will also be given a copy of this document upon request

If the patient is age 18 or over, patient signatures only;

If the patient is age 13 to 17, patient and parent signatures;

If patient is age 12 or under, parent signatures only.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy

Our practice is dedicated to maintain the privacy of your personal health information. We are required also by law to do this. These laws are complicated, but we must provide you with important information. This pamphlet is a shorter version of the full, legally required Notice of Privacy Practice (NPP), which you may receive along with this to refer back to it for more information. However, we can't cover all possible situations so please talk to our Privacy Officer (see the end of this pamphlet) about any questions or problems.

We will use the information about your health, which we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities which are called, in the law, health care **operations**. After you have read this NPP (Notice of Privacy Practices) we will ask you to sign a **Consent Form** to let us use and share your information. **If you do not consent and sign this from, we cannot treat you.**

If you or we want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization to Release Information form to allow us to do this.

Of course we will keep your health information private but there are some times when the law requires us to use or share your information, such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings. When required by law, there are some federal, state, or local laws, which require us to disclose PHI (Protected Health Information):
 - We have to report suspected child abuse.
 - If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI (Protected Health Information). We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.

- We have to release (disclose) some information to the government agencies, which check on us to see that we are obeying the privacy laws.
- For Workers Compensation and similar benefit programs.
- There are some other situations like these but don't happen very often. They are described in the longer version of the NPPI (Notice of Privacy).

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment.
2. You have the right to ask us to limit what we tell certain individual involved in your care or the payment for your care, such as family members and friends. If we agree with your request, we will keep our agreement except if it is against the law, or in an emergency situation.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can get a copy of these records with signed consent but we may charge you. Contact the Privacy Officer to arrange how to see your records or request copies.
4. If you believe the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes (calling amending) to your health information. You have to make this request in writing and attention it to our Privacy Officer. You must tell us the reason you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post it in our waiting room and you can always request a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have questions regarding this notice or our health information privacy policies, please contact our Privacy Officer at 262-723-3424 or by email at ctamanager@credencetherapy.org.

I would like to request a copy of the NPP long form: (please circle one) Yes No

I have read and understand this Notice of Privacy Practice (NPP). If I requested a copy of the NPP long form, I also acknowledge receipt of same.

Client Name (Please print)	Current Age
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<i>Patient Signature (Age 13+):</i>	<i>Signature</i>	<i>Date</i>
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<i>Parental/Guardian Signature (for clients under age 18):</i>	<i>Signature</i>	<i>Date</i>
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<i>Witness Signature:</i>	<i>Signature</i>	<i>Date</i>
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