



Online Counseling Solutions

Flexibility. Convenience. Privacy.

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HIPPA NOTICE OF PRIVACY PRACTICES

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.

Effective date: April 14, 2003

Hilary Akman, LPC, LMHC has been and will always be totally committed to maintaining clients confidentiality. I will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes my policies related to the use and disclosure of your healthcare information.

Uses and disclosures of your health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes.

TREATMENT I may need to use or disclose health information about you to provide, manage, or coordinate your care or related services; which could include consultants, supervision, and potential referral sources.

PAYMENT Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance.

HEALTHCARE OPERATIONS I may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance, and licensing activities.

Other uses or disclosures of your information which does not require your consent There are some instances where I may be required to use and disclose information without your consent. For example, but not limited to: Information you and/or your child or children report about physical or sexual abuse: then by New Jersey and Florida State Law, I am obligated to report this to the Division of Child Protection and Permanency or Florida Department of Children and Families. If you provide information that informs me that you are in danger of harming yourself or others, I must report it. Information to remind you of /or to reschedule appointments or treatment alternatives or if I am presented with a court order to release part or all of your records.

Signature

Date