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HIPAA Notice of Privacy Practices

The following information describes how medical information may be used and disclosed and how patients can gain access to their clinical information.

Elizabeth Kennard, MSW, SWLC will use the information about a client's health primarily to provide treatment, arrange for payment of services and health care operations.

Clients Health Information Rights:

- You have the right to inspect and obtain a copy of your health record with a signed authorization as provided in 45 CFR 164.524.
- You have the right to request in writing that the clinician restrict and/or not use or disclose your protected health information as provided in 45 CFR 164.522 but we do not have to agree to accept your restrictions.
- You have the right to request in writing that Elizabeth Kennard, MSW amend your protected health information as provided in 45 CFR 164.528.
- You have the right to request in writing to receive confidential communications from us by alternative means or at an alternative location as provided in 45 CFR 164.522.
- You have the right to revoke your authorization to use disclosed health information except to the extent that action has already been taken as provided in 45 CFR 164.508.

Elizabeth Kennard, MSW, SWLC is Responsible by law to:

- maintain the privacy of client health information.
- provide you with notice about our privacy practices.
- privacy practices that are described in this notice, however, we reserve the

right to change or modify our practice and to make the new provisions effective for all protected health information we maintain. Should our information practice change, we will post the revised privacy notice.

Questions or Complaints:

- If you need more information or have questions about the privacy practices described above, please let us know.
- If you are concerned with how your protected health information has been used or if you believe your privacy rights have been violated, please let us know.
- You have the right to file a written complaint with the offices of Elizabeth Kennard, PLLC or with the Office of Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street Room 1426 FOB, Denver, CO 80294-3538.
- Elizabeth Kennard, MSW, SWLC will not in any way limit your care or take action against you if you complain.

Acknowledgment of Receipt of Privacy Notice

I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices from Elizabeth Kennard, PLLC which provides a description of the uses and disclosures of protected health information.

Signature of Patient

Date

Signature of Parent/Guardian/Legal Representative

Date