



Notice of Privacy Practices

This notice describes how counseling and medical information about you may be used and disclosed and how you may obtain access to this information. Please review this notice carefully. All counselors/providers with iTherapyRX have agreed to value the privacy of their clients and the confidentiality of the personal and health information entrusted to them. In order to protect this privacy, the counselors/providers you have selected have policies and procedures to limit disclosures of the personal information you provide to him/her. Please take the time to review them and feel free to ask the counselor/provider you will be working with any questions about these policies and procedures.

A. Potential disclosures of an individual's information include:

1. **Treatment** - Counseling/medical information, such as that related to your psychological condition, may need to be anonymously shared by the counselor/provider you have chosen, with professional staff and other health care providers in order to provide you with effective and efficient care.
2. **Billing** - Billing information may contain personal information to include name, case number, and date of service.
3. **Counseling healthcare operations** - Your counselor/provider may give information to his/her service peers to review the quality of care provided and for overall program evaluation.
4. **Public health and safety** - Personal counseling and health information may be disclosed to the proper authorities to report intent to harm self or others, deaths, certain infectious diseases, occupational injuries, and diseases, child abuse/neglect, elder abuse, domestic violence, problems with medications and other products as required by law to prevent/control disease, injury or disability to the client or to others.
5. **Legal requirements** - Counseling information may be disclosed as required by court or administrative order, subpoena, discovery request, or other lawful process.
6. **Contacts** - The client may be contacted by iTherapyRX and the counselor's office to provide appointment reminders or other information of health-related benefits or services that may be of interest to the client.
7. **Other uses** - Uses and disclosures of health and personal information other than described above will be made only with the client's (your) written authorization. Such authorization when given may be revoked in writing by the client (you) at any time.

B. The client also has certain rights, including:

1. **The right to inspect and obtain copies of client records.** Any such requests must be made in writing by the client utilizing the counselor's/provider's Authorization for Release of Information Form, or in the case of information to be released to another health care provider, the form supplied by that provider. A cost-based fee may be charged for copying records. The provider may deny, in writing, the release or viewing of personal information if he/she determines that the release of the information may be harmful to the client or another person. When such a request is denied, the client may request in writing a review of the denial by the counselor/provider.



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2. **The right to request amendments of client information.** Such requests must be made in writing to the counselor/provider, which may be reviewed and/or denied. If denied, a written denial and the reasons will be provided to the client and he/she has to the right to submit a rebuttal and request for review of such denial by the counselor/provider.
3. **The right to receive a listing of any disclosures of protected information.**
4. **The right to request that communications between the client and counselor be kept confidential.**

C. Duties of the counselor/provider.

Maintaining privacy - The counselor/provider is required by law to maintain the privacy of protected client information and to provide and abide by this notice of its legal duties and privacy practices.

Your signature below indicates that you have reviewed the information available on the iTherapyRX website and have read and understand this HIPAA Notice of Privacy Practices and the Informed Consent.

If you have any concerns or questions, you may contact iTherapyRX.

(Signature)

(Date)