



Privacy Practices and Authorization for how disclosures are to be made regarding Protected Health Information (PHI) by Emotional Change Inc.

The notice of Private Practice includes this notice as well as the Informed Consent letter. Our privacy practice is subject to change. We will make every effort to provide you with a copy of any new Notice of Privacy Practices upon your first office visit after any new practices are implemented.

All information shared with your therapist is confidential with the exceptions outlined in the welcome letter. Upon disclosure of suicidal, homicidal thoughts or abuse as a minor, your therapist will make the appropriate referrals.

HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of PHI. The individual is also provided the right to request confidential communications of PHI by alternate means, such as sending correspondence to the individuals' office or other location rather than home.

Please fill out and check the appropriate line so that the staff of ECI can contact you accordingly.

Telephone number: _____ OK to leave a message Yes No

Email Information to this address: _____

Fax Information to this number: _____

If you have any questions regarding this notice, please feel free to discuss it with your therapist or contact us at (314) 472-3411 or (626)888-1112.

I acknowledge receipt of the Notice of Privacy Practices (Rights and Responsibilities). I also authorize ECI and/or my therapist to disclose information to the following individuals: (parent, significant other):

Client Signature: _____ **Date:** _____

Print Name: _____

If clinician was unable to obtain signature, describe the reason and sign below.

Signature of clinician: _____

Date: _____