

Notice of Privacy Practices

Behold your Wonder, Counseling & Consulting Inc.

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BY CLICKING ON THE CHECKBOX BELOW, I AGREE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and may be used as follows:

- The law permits us to disclose information to those involved in your treatment.
- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payors, i.e. insurance providers, bank disputes.
- Conduct normal healthcare operations.
- We may use your information to contact you or to call to remind you of appointments for scheduling purposes. This may involve leaving messages on an answering machine or with the person who answers the phone.
- We may release some or all of your information when required by law.

I have read, received, and understand the Notice of Privacy Practices. I also understand that I can request a complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request, in writing, that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand therapist/organization is not required to agree to my requested restrictions.