



Licensed Professional Counselor
Registered Play Therapist
CLIENT RIGHTS

- To receive services without regard to race, color, national origin, religion, gender, age, or disability. No person will be excluded from participation, or denied the benefits of any service, or be subject to discrimination as a result of these characteristics.
- To high quality services and the right to express your opinion about the care and service you receive.
- To confidentiality except as limited by law.
- To be informed about the fees, expectations, risks and benefits of participating in the program.
- To be free of physical and verbal abuse and degrading punishment.
- To receive services that are non-coercive and respectful of your self-determination.
- To refuse participation in research or experimentation.
- To an individualized treatment plan and the right to be involved in the creation and review of the plan.
- To refuse any treatment and the right to be informed about the consequences of such refusal.
- Except under certain conditions, to review the contents of your treatment record, the right to insert any statement that you wish into your treatment record and to see any agency response to that insertion.
- To lodge a formal grievance if you believe any of the rights noted above have been violated and to appeal decisions made in response to your grievance.

HIPAA 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

Angie Hoffman, LPC has been and will always be totally committed to maintaining client's 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 our 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 us 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 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. I 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 do 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 Missouri State Law, I am obligated to report this to the Department of Children and Family Service if you provide information that informs us that you and/or your child are in danger of harming yourself or others. Information to remind you of /or to reschedule appointments or treatment alternatives. Information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order.