



HIPPA 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: September 2019

Gwen Haagensen MS, LPC, SAC-IT, NCC has been and will always be committed to maintaining client confidentiality. I will only release healthcare information in accordance with federal and state laws and ethics of the counseling profession. This notice describes my policies related to the use and disclosure of your healthcare information. Uses and disclosures of your/your child's 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 me 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 related services. This could include consultants and potential referral sources.

PAYMENT Payment is due at the time of service or within 24 hours when an invoice needs to be sent. Services will be discontinued, when payment is not received.

HEALTHCARE OPERATIONS I may need to use information about you to review our treatment procedures and business activity. Information used for certification, compliance and licensing activities.

OTHER USES OR DISCLOSURES OF YOUR INFORMATION WHICH DOES 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 report about physical or sexual abuse: then by Wisconsin state law, I am obligated to report this to the Department of Child Protective Services, if you or your child provide information that informs me that you or your child are in danger of harming yourself or others, information shared with law enforcement if a crime is committed on my premises or against anyone on my premises, or as required by law such as a court order.

Sharing information to remind you and your child of /or to reschedule appointments or treatment alternatives. We will not disclose information about you to anyone outside of our office without your written approval. You have the right to inspect or obtain a copy of the information we will use for these purposes.

You have the right to amend your records to this office. You also have the right to refuse to provide authorization to this office to contact you regarding these matters. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care. Request to inspect, copy or amend your health-related information should be provided to your therapists. We normally provide information about your health to you in person at the time you receive care from us. We may also mail information to you regarding your health care or about the status of your account.

If you would like to receive this information at an address other than your home or if you would like the information in a different form, please advise us in writing as to your preferences. Information we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may not want to be protected by federal privacy rules.

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