SWFL COUNSELING, LLC

8280 College Parkway, Suite 103
Fort Myers, FL 33919

NOTICE: PATIENT PRIVACY
Effective: 08/01/15

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing **HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

We may require your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your mental health information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your mental health information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right hand side of this page indicates the date of the most current Notice in effect.

You have the right to receive a copy of our most current Notice in effect. If you have not yet reserved a copy of our current Notice, please ask your therapist and we will provide you with a copy.

If you have any questions, concerns or complaints about the Notice or your medical information, please contact SWFL Counseling, LLC at (239) 225-2180.

Your signature below indicates receipt of the Notice of Privacy Practices, which describes how medical information about you may be used and disclosed and how you can get access to this information

Received and agreed: _____ Date: _____

Witnessed (Counselor): _____ Date: _____