

PENNSYLVANIA COUNSELING SERVICES, INC.

Notice of Privacy Practices

**Our Privacy Practices.** This is Pennsylvania Counseling Services' Notice of Privacy Practices. Pennsylvania Counseling Services, Inc. promises to maintain the confidentiality of your protected health information ("PHI"). PHI is health information about you that we have in our records. Our Detailed Explanation of Privacy Practices is available to you. We urge you to read the Detailed Explanation as posted in our office, or read it from our Website at [www.pacounseling.com](http://www.pacounseling.com), or request a copy from our office staff for your personal reference. The Detailed Explanation of Privacy Practices provides a more complete explanation of your rights and our duties.

**Federal and State Laws.** We are required by federal regulations called the "Hippa Privacy Regulations" to protect the confidentiality of your PHI. We are also required to comply with Pennsylvania laws that are more stringent than the Hippa Privacy Regulations. If you are receiving mental health, mental retardation, and/or alcohol and substance abuse rehabilitation services, we will comply with the Pennsylvania laws that provide the greatest protection for your PHI.

**Authorization to Disclose PHI.** Except as described in our Detailed Explanation of Privacy Practices, it is our practice to obtain your authorization before we disclose your PHI to another person or entity. You may revoke your authorization at any time.

**How We Use Your Protected Health Information.** Our Detailed Explanation explains how we may use your PHI for treatment, payment, and health care operations. For example, we may use your PHI to plan and provide your care and treatment; communicate with health care professionals; obtain payment for our services; educate and train our staff; and assess and improve our services. We are also permitted to use and disclose your protected health information if required by law.

**Your Rights.** Our Detailed Explanation explains your rights. For example, you have the right to request a restriction on certain uses and disclosures of your PHI; inspect and copy your PHI; request amendments to your PHI; and obtain an accounting or list of disclosures of your PHI.

**Our Duties:** Our Detailed Explanation explains our obligations and duties. For example, we must provide you with a copy of it at your request, post it on our website and in our public buildings, and must comply with the terms of our Detailed Explanation of Privacy Practices.

**For More Information or to Report a Problem:** Contact the Privacy / Compliance Officer at: (717)272-8602.

**Acknowledgement.** Please sign below to indicate that you have received a copy of our Notice of Privacy Practices.

X \_\_\_\_\_  
Individual (Student)

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Personal Representative (if designated by Individual) (Parent)

Office Use: \_\_\_\_\_