

Jay S. Weinberg, MA, CAGS

**HIPAA NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Jay S. Weinberg has been and will always be totally committed to maintaining clients' confidentiality. We 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.

Use and disclosure of your health information is for the purpose of the 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 We may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and potential referral sources.

PAYMENT is self-pay; no insurance billing.

\* Other uses or disclosures of your information which do not require your consent. There are some instances where we 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 Colorado State Law, we are obligated to report this to the Department of Children and Family Services. Information provided by you that informs us that you are in danger of harming yourself or others, or if your minor child is in danger of self/other harm. Information to remind you about 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.

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Client**

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Guardian of Minor Client**