

## CLIENT RIGHTS

### **Right to request how we contact you**

It is a normal practice to communicate with you at the home address and phone numbers that you provide. If you are not available, a message may be left on your voicemail. You have the right to request to be contacted in a different way. May we contact you at home (circle one) **yes no?** May we contact you at work (circle one) **yes no?** May we contact you by cell phone (circle one) **yes no?**

Where would you prefer to be contacted? \_\_\_\_\_

Contact number \_\_\_\_\_

### **Right to release your medical records**

You may consent, in writing to release your records to others. You have the right to revoke this authorization, in writing at any time. However, a revocation is not valid to the extent that Taylor Counseling Care acted in reliance on such authorization

### **Right to inspect and copy your medical and billing records.**

You have the right to inspect and obtain a copy of the information contained in your medical records. To request access to your billing or health information, feel free to contact Taylor Counseling Care. Under limited circumstances, your request to inspect and copy may be denied. If you ask for a copy of any information, you may be charged a reasonable fee for the costs of copying, mailing and supplies.

### **Right to add information or amend your medical records.**

If you feel that information contained in your medical record is inaccurate or incomplete, you may request to amend the record. A decision will be made regarding your request within 60 days, or some cases within 90 days. Under certain circumstances, your request to add or amend information may be denied. If your request is denied, you have a right to submit a written statement of disagreement. Your statement and a response will be added to your record. To request an amendment, you must contact Taylor Counseling Care. Your request must be submitted in writing and include an explanation concerning the reason for your request.

### **Right to an accounting of disclosures.**

You may request an accounting of any disclosures, if any, that are made related to your medical information, except for information that was used for treatment, payment, or health care operational purposes, shared with you or your family or you gave Taylor Counseling Care specific consent to release. It also excludes information that must be released by law. To receive information regarding disclosures made during a specific time period, please submit your request in writing to Taylor Counseling Care. You will be notified of the costs involved in preparing this list.

### **Right to request restrictions on uses and disclosures of your health information.**

You have the right to request restrictions on certain uses and disclosures of your health information. This request must be submitted in writing.

### **Right to complain.**

If you believe your privacy rights have been violated, please contact Taylor Counseling Care to discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

### **Right to receive changes in policy.**

You have the right to receive any future policy changes secondary to changes in state and federal laws. This information can be obtained from Taylor Counseling Care.

