

COACHING FOR EMOTIONAL INTELLIGENCE, PLLC
Notice of privacy practices
Health Insurance Portability and Accountability Act(HIPAA)

This office has the responsibility to protect the privacy of your personal and health information. As described in this notice personal and health information includes medical or psychological information and individually identifiable information, and data about your past, present, or future health or condition. This office is required by applicable federal and state laws to maintain the privacy of your personal and health information or "PHI". This office reserves the right to change these policies and the terms of this notice as allowed by state and federal laws, rules or regulations.

YOUR RIGHTS

- * The right to review or obtain copies of your PHI. Request must be in writing and you may be charged a fee for copying of the record.
- * The right to request, in writing a restriction on certain uses and disclosures of your PHI
- * The right to request, in writing, that your PHI be amended
- * The right to receive a copy of this Notice in written form.
- * The right to file a complaint if you believe your privacy rights have been violated. Address complaint to the privacy contact, or to the U.S. Department of Health and Human Services. There will be no retaliation for registering a complaint.

USES OF PHI NOT REQUIRING YOUR CONSENT

- * For Treatment
- * For health care operations , claims processing, and obtaining payment for services
- * For Emergency treatment

DISCLOSURES REQUIRED BY LAW

- * To prevent a serious threat to the health or safety of a person or the public
- * When required by federal, state, or local, judicial or law enforcement
- * If disclosure is mandated by the Texas Child/Elder abuse and neglect Reporting Laws
- * For health oversight activities, such as audits
- * In response to a court order or subpoena

QUESTIONS AND PRIVACY CONTACT

Please address any questions about this notice to: Al Nazempoor, PH.D., LPC, LCDC, at (972)233-0181, or in writing to : 12820 Hillcrest Suite C107 Dallas, Texas 75230.

ACKNOWLEDGMENT OF THIS NOTICE OF PRIVACY PRACTICES

Your acknowledgment of this notice of privacy will be made a part of your medical record at This office. Please sign and date below. You may request a copy of this notice at any time.

Client Name

Date

Signature of Client or Legal Guardian(if Minor)

Date