

Nicole Sorte Turville, L.C.S.W.

138 B Avenue,

Coronado CA 92118

Phone: 801-641-1055 Email: nicolesorte@gmail.com

Website: nstcounseling.net

Notice of Privacy Policies and Procedures

Effective Date: The effective date of this Notice is July 1, 2011.

This notice describes how your health information may be used and disclosed, as well as how you can get access to this information. Please review this information, and if there are any questions or concerns I will be happy to answer them.

Your Health Information:

Your Health record, also known as your protected health information, contains information about your past, present, or future physical or mental health or conditions related to health care services. I am required by law to maintain the privacy of your protected health information. If at any time changes are made to this policy you will be notified with an updated copy at your next appointment or by mail.

How I may Disclose Health Information for Treatment :

During treatment the information that is gathered about you is used to review and formulate directions for your specific treatment. With your written permission I sometimes share information with psychiatrists, medical doctors, colleagues and employers all in the purpose of providing, coordinating, or managing your health care treatment. Depending on your method of payment, billing records are kept to document services provided and payment information. If using insurance certain forms contain some of your history, health, and personal information all shared in order to receive payment. If it becomes necessary to use collection processes due to lack of payment for services, I will only share the minimum amount of information necessary for collection.

Health Care Operations:

I may use or disclose, as needed, your protected health information in order to process insurance claims and conduct billing activities. This is allowed only if I have a written contract which requires that business to safeguard the privacy of your protected health information, and that they are following the privacy protection laws at all times. All other information is handled only by me in my practice, meaning office staff or receptionists are not used.

Required by Law :

There are a few rare exceptions where your information can be released without your consent as required by Utah law. In the unlikely event that this happens, I will make every effort to resist revealing information without your prior approval. These include the following:

- If you are in danger of committing suicide, I am legally bound to intervene in anyway necessary to prevent that including contacting family members or police.

- If you are at risk of being a serious threat to the safety of another person I will disclose information to try and prevent that threat from occurring. This could include notifying the person the threat is intended for or others in close proximity.

- If there is suspicion of neglect or abuse of a child or an elderly person in the past, present, or future I am required by law to report that information to the Division of Child and Family Services or police.

-If you become involved in the court system a judge can order that I provide information about you. In the case of a subpoena I will still try to resist revealing information without your consent.

Your Rights Regarding Your Protected Health Information:

You have the right to request restrictions on how I use or share your health information. I will consider requests but I'm not required to agree. You have the right to inspect and have a copy of your file. There may be a charge for copies and a waiting period. If you feel that any of your health information is incorrect or incomplete, you may ask me to change the information although I am not required to agree to the corrections. You have the right to request an accounting of any disclosures that I make of your information either by written consent or disclosures required by law. You have the right to request that I communicate with you about health matters in a certain way or at a certain location. For example, you can ask me to avoid calling you on a certain phone line or ask that I send bills to an alternate address.

Complaints:

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

Please sign to verify that you have read the above privacy policies and procedures and return the signature paper to me. Thank You.

Client's Name

