

NOTICE: CLIENT PRIVACY

Sabrina Walters Counseling, LLC is committed to preserving the privacy of your personal health information. I am required by law to protect the privacy of your clinical information and to provide you with a notice describing:

How clinical information about you may be used and disclosed and how you can access this information.

- I am required by law to have your written consent before I use or disclose to others your clinical information for purpose of providing or arranging for your health care, the payment or reimbursement of the care I provide you, and the related administrative activities supporting your treatment.
- I may be required or permitted by certain laws to use and disclose your clinical information for other purposes without your clinical consent or authorization. Exceptions to our confidentiality practices include: if I am subpoenaed to testify in court; when I learn a child or elderly person has been abused; if I learn that someone might be seriously harmed in the future; and/or if I learn a client intends to commit an act of violence.
- As my client you have important rights related to inspecting and copying your clinical information that I maintain; amending or correcting that information; obtaining an accounting of our disclosures of your clinical information; requesting that I communicate with you confidentially; requesting that I restrict certain uses and disclosures of your health information; and complaining if you think your rights have been violated.
- If you have any questions, concerns, or complaints about the NOTICE or your clinical information please contact me at: 503-869-8108 or in writing at Sabrina Walters Counseling, LLC, LLC 1500 NW Bethany Blvd. Suite 200, Beaverton, OR 97006.
If an emergency occurs during non-office hours and you need to speak to a counselor, you may call Washington County Crisis Services for 24 hour assistance at 503-291-9111.
- You have the right to receive a copy of my most current NOTICE in effect. If you have not yet received a copy of my current NOTICE, please ask me and I will provide you with a copy.
- I hereby authorize Sabrina Walters Counseling, LLC to apply for benefits on my behalf for covered services rendered or supervised by Sabrina Walters Counseling, LLC. I authorize payment of medical benefits from my insurance company be made directly to Sabrina Walters Counseling, LLC. I authorize the release of any medical information necessary to process this claim. I certify that the information that I have reported with regard to my insurance coverage is correct. Either my insurance company or I may revoke this authorization at any time in writing.

Client Initial _____ Date _____