

## Your Rights Regarding Your Health Information

1. If you would like me to communicate with you about your health-related issues in a particular fashion (for example, scheduling or canceling an appointment, answering a question, etc.), I will try to accommodate your request. Please specify if you would like me to call you at home, work, or another number.
2. You have the right to refuse to sign a release of information form. In such a case, I will respect your wishes and not release any information to the specified person. Please note this excludes mandated reporting situations (if questions, please refer to privacy rights form).
3. You have the right to look at your mental health-related information, including your medical and billing records. You can request a copy of these records, however, you will be charged a processing fee.
4. If you believe the information in your records is incorrect or incomplete, you can request a change and an amendment will be added to your mental-health records. This request must be made in writing, including the reason for the change(s).
5. You have a right to a copy of this notice. If I change the Notice of Privacy Practices, I will post the changes in the waiting area. At your request, you can also receive a copy of the changes.
6. You have a right to file a complaint if you believe that your privacy rights have been violated. You can file a complaint with me or with the Secretary of the Department of Health and Human Services at 444 Lafayette Road, St. Paul, MN 55101. All complaints must be submitted in writing. Filing a complaint will not change the care that I provide to you in any way.

By signing this form, you are acknowledging that you understand the above rights regarding your health information.

---

Client or Parent/Guardian Signature

---

Date