

**LYNNE BABBITT COUNSELING**

**PRIVACY NOTICE**

It is my goal to protect the privacy and confidentiality of individuals who seek help at Lynne Babbitt Counseling. I am required to inform you about the following areas because of federal privacy regulations and federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Client Records.** I keep a computerized record of the services you receive in order to give you the best care possible. Your file includes the reasons you are seeking help, pertinent background information you share, session notes, and our plan of care.

**Releases of Information.** It is possible that others who are providing you services, such as your primary care physician or psychiatrist, may wish to request information, or you may wish for me to consult with them. In these cases, you would sign a consent form which authorizes me to share only the information you desire, with only those others who you specify.

It is my policy to give a courtesy thank you to those who refer clients to me, letting them know that you did follow through on their recommendation. Let me know if you do NOT want me to do this.

**Contacting You.** You have indicated the ways in which it is acceptable for me to contact you. I will always strive to be sensitive to your wishes in this area.

If you have questions about these policies, please feel free to discuss them with me.

**I have received the Privacy Notice from Lynne Babbitt Counseling which describes how my information may be used or disclosed as required by federal law and agree to receive counseling services here.**

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Signature

Date

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Signature

Date