

PILGRIMAGE FAMILY THERAPY
NOTICE OF PATIENT INFORMATION PRACTICES

This notice describes how medical information about you may be used or disclosed and how you may access it.

OUR LEGAL DUTY:

Pilgrimage Family Therapy, referenced here as Pilgrimage, is required by law to protect the privacy of your personal health information, provide this notice about our practices, and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION:

Pilgrimage uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities and evaluating the quality of care that we provide. For example, Pilgrimage may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives of other health related benefits that could be of interest to you. Pilgrimage may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We also provide information when required by law.

In any other situation, Pilgrimage's policy is to obtain your written authorization before disclosing your personal health information. If you provide use with written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Pilgrimage may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and client areas and will be provided to you on your next visit. You may also request an updated copy at any time.

PATIENT'S INDIVIDUAL RIGHTS:

You may have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may request in writing we do use or disclose your personal health information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Pilgrimage will consider all such requests on a case by case basis, but we are not legally required to accept them.

CONCERNS AND COMPLAINTS:

If you are concerned that Pilgrimage may have violated your privacy rights or if you disagree with decisions we have made regarding access of disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services.

Pilgrimage Family Therapy
23201 Mill Creek Dr. #220, Laguna Hills, CA 92653

My signature on the client Information form is my release for this Notice of Information document. I am indicating I have read and fully understand the Notice of Information Practices for Pilgrimage Family Therapy. I understand these practices may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Pilgrimage Family Therapy will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions. I hereby consent to the use and disclosure of my personal health information for purposes as noted in Pilgrimage Family Therapy's Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.