

**Judy Scheel, Ph.D., LCSW**  
**268 Howard Street**  
**Boone, NC 28607**  
**HIPPA**

I am required by law to provide you with a Notice of my Privacy Practices.

My practice follows all legal and ethical professional standards.

This Notification describes how the information that you provide me may be used or disclosed. This policy also describes how you may gain access to the information that I maintain regarding your treatment with me.

Please read this Notification and feel free to discuss any questions or concerns you have.

I will ask for your written permission or authorization (i.e. signatures required for Privacy Notification and Disclosure of Information Form) to share or obtain information with others for the following purposes:

- **Treatment:** I may use your information and disclose it to manage or coordinate treatment provided to you. For example, I may share information with another therapist who has treated you or your physician or nutritionist to coordinate services.
- **Insurance Payment:** I may use and disclose necessary information about you to insurance companies for reimbursement to you. This information could include information that your health insurance plan may require before it approves or pays for treatment services I provide for you.

The following circumstances do not require your written authorization, although under most circumstances will be discussed with you or are in compliance with a court order or in compliance with the law.

- **Health Care Operations:** I may need to use or disclose information for my practice activities. Examples of these activities include:
  - Clinical supervision or case conference with a colleague whose input I am seeking regarding a particular issue.
  - Compliance activities to ensure I am properly following policies, procedures, laws, regulations, and professional standards.

I may use or disclose information about you in several other circumstances in which you do not have an opportunity to agree or object. These situations include:

- **Required by Law:** I may need to disclose information for judicial or other administrative proceedings. For example, I may need to disclose information in response to a court order.
- **Abuse or Neglect:** I am required to disclose information if I believe that you or a family member have been a victim of abuse or neglect OR if you or a family member is abusing or neglecting another person.

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- **Danger to Self or Others:** I am required to take steps to prevent you harming yourself or another person.
- **Law Enforcement:** Law enforcement purposes may include:
  - Legal processes and information required by law if you have been mandated by court or law to seek my services.
  - In the event that a crime occurs on our premise.
- **Payment:** In the event that you fail to pay your bill I may seek the services of a professional bill collection service or take legal action and will need to disclose limited identifying information about you.

For any reason other than those listed above, I will ask for your written authorization before I use or disclose information about you. Also, any authorization can be canceled any time in writing. (If you tell me you are canceling an authorization, I will have you sign a request during the current or next visit.) If cancelled, I will no longer disclose information that was allowed under that specific authorization.

**Your Rights About Your Private Identifiable Information**

- **Request Restrictions:** You may request further restrictions on my uses and disclosures of your information. I may not be able to agree to all requested restrictions. Please let me know if you want specific restrictions on your information.
- **Different Ways to Communicate:** Typically I will communicate by mailing or phoning your residence. However, you may prefer a different way for us to contact you. For example, you may ask for me to contact you at a specific address, email or phone. Please note that cell phones and e-mail may not offer confidentiality or privacy protection.
- **Right to See and Copy Information:** You may see and receive copies of your information maintained in your designated record. I may charge for copying your designated record. There are situations in which I do not have to comply to your request. However, I will say in writing if I cannot comply to a request. Please note that therapy notes are not part of your designated record. Because therapy notes are not part of your designated record, you may not have access to therapy notes. If you want to see therapy notes, please discuss this request with your therapist.

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## **Privacy & Confidentiality Notification (HIPPA)**

### **Signature/Authorization**

During this initial contact with you, or prior to our meeting, you read (*on my website at [www.judyscheel.com](http://www.judyscheel.com) or in my office*) my confidentiality and privacy issues. You have also discussed any issues you may have regarding this Notification.

These practices are designed to protect your information and confidentiality. The Notice you read outlines how I can use and disclose information along with the rights that you have regarding your information maintained by me.

A written copy of my Notice of Privacy Practice has been made available to you in my office or obtained on my website.

I must obtain written acknowledgment that you have read or discussed with me my privacy practices with you.

By signing this form, you acknowledge that you have been informed about my practices to maintain privacy and confidentiality.

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By signing this form I acknowledge that I have been informed about how my privacy and confidentiality will be maintained by Judy Scheel, Ph.D., LCSW.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

SIGNATURE OF GUARDIAN IF PATIENT IS A MINOR

\_\_\_\_\_  
NAME OF GUARDIAN

\_\_\_\_\_  
Judy Scheel, Ph.D., LCSW

\_\_\_\_\_  
DATE