

NOTICE OF PRIVACY PRACTICES (HIPAA)

Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how your protected health information (PHI) may be used and disclosed, and how you can access this information. Please review it carefully.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

- Amy E. Brown, MS, LPC, CADC, CCTP may use or disclose your PHI for treatment, payment, and health care operations with your consent.
- Protected Health Information (PHI): Information in your health record that could identify you.
- Treatment: Providing, coordinating, or managing your health care.
- Payment: Activities required to obtain reimbursement for services.
- Health Care Operations: Administrative and operational activities of the practice.
- Use: Sharing or analyzing PHI within the practice.
- Disclosure: Releasing PHI to parties outside the practice.

Uses and Disclosures Requiring Authorization

- Uses or disclosures of PHI outside of treatment, payment, or health care operations require your written authorization.
- You may revoke an authorization at any time in writing.
- Revocation does not apply to actions already taken in reliance on your authorization.

Uses and Disclosures Without Consent or Authorization

- Child abuse reporting as required by law.
- Adult or domestic abuse reporting when permitted or required by law.
- Health oversight activities.
- Judicial or administrative proceedings.
- Serious threats to health or safety.
- Workers' compensation claims.
- Other legal requirements.

Client Rights

- Request restrictions.

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- Request confidential communications.
- Access records.
- Request amendments.
- Receive an accounting of disclosures.
- Receive a paper copy of this notice.
- Restrict disclosure to health plans when eligible.
- Receive breach notifications.

Provider Responsibilities

- Maintain the privacy of your PHI.
- Provide this notice of legal duties and privacy practices.
- Follow the terms of this notice currently in effect.

Complaints

- You may contact Amy E. Brown directly.
- You may file a complaint with the U.S. Department of Health and Human Services.
- You will not be penalized for filing a complaint.

Effective Date

This Notice of Privacy Practices is effective April 14, 2003, and was last revised June 18, 2026.

ACKNOWLEDGMENT OF RECEIPT

My signature below acknowledges that I have received or been offered a copy of this Notice of Privacy Practices.

Printed Name: _____

Signature: _____

Date: _____

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