

**Cornerstone Counseling Services, LLC
160 Clairemont Avenue, Suite 200
Decatur, GA 30030**

**HIPAA
The Health Insurance Portability and Accountability Act
*Notice of Privacy Practices for Protected Health Information***

Counseling is a process which values confidentiality between the client and the counselor and which values full disclosure concerning the treatment process. Your medical information is not disclosed to anyone. If you direct me to disclose specific information to a specific person, I will do this, but you must put this request in writing. The only possible exception to this would involve the following four situations:

1. Confidentiality may be broken if your life or someone else's life appears to be in serious danger. This situation could occur if a client shares a definite plan to harm his/her own life or the life of someone else.
2. Confidentiality may be broken if I receive a court order signed by a judge and every effort to resist the order proves unsuccessful. This situation may rarely occur in a contested child custody divorce situation.
3. Confidentiality may be broken if information disclosed to me strongly suggests that physical or sexual abuse or serious neglect towards a minor child or an elderly person is occurring.
4. To acquire payment for services or for billing purposes.

I understand that if I have any questions about my clinical records or the content within, I can contact Cornerstone Counseling Services, LLC and someone will meet with me to discuss my records. I understand that my treatment records are protected under the Health Insurance Portability and Accountability Act of 1996 ('HIPAA'), 45 CFR, Parts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time and that that any notice to revoke consent must be in writing.

Thank you.

Client Signature or Parent/Legal Guardian

Date: