ClearPath Psychiatry & Counseling

HIPAA Notice of Privacy Practices

This notice summarizes how medical information about you may be used and disclosed and how you can get access to this information. A complete copy of our privacy practices is available upon request.

• Your Rights: You have the right to request a copy of your medical record, request corrections to your record, request confidential communications, and ask us to limit the information we share.

• Our Uses and Disclosures: We may use and share your information to: treat you, run our organization, bill for your services, help with public health and safety issues, and comply with state and federal laws.

• Confidentiality Exceptions: Information may be disclosed without your consent in cases of suspected child or elder abuse, immediate threat of physical harm to yourself or others, or if compelled by a court order.

Acknowledgment: By signing below, I acknowledge that I have received, reviewed, and understand the HIPAA Notice of Privacy Practices for ClearPath Psychiatry & Counseling.

Patient/Guardian Signature: _____ Date: _____