

## **Your Rights Regarding Your Protected Health Information (PHI)**

**Your Protected Health Information** contains information about you and your child that assists in the assessment, diagnosis and behavioral health care planning for your family. This private information is kept in a secure and confidential location and is not shared with any person or entity without your written permission.

A **Release of Information** may be signed by you giving **A Better Tomorrow Counseling Services, LLC** the right to coordinate with other service providers, school or persons involved in the care of your family, thus sharing information on an as-needed basis only.

### **You have the right to:**

**To request restrictions on how we use your information and share it.**

**To choose how and where we contact you.**

**To inspect your record with a request put in writing.**

**To request changes or corrections to your record.**

**To find out what disclosures have been made.**

If you would like to exercise any of the abovementioned rights, please contact Brian Stemetzki at 856-266-4983 to discuss your request.

I have reviewed and understand this **Notice of Privacy Practices** and agree to the way in which my Protected **Health Information** is managed.

**Print Name of Client** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Signature of Client** \_\_\_\_\_

**Signature of Staff Person** \_\_\_\_\_