*Dona E. Diftler, LCSW, CEAP*
*4646 Chambliss Ave., Knoxville, TN 37919*
*Telephone (865) 588-0488*

# Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

**Please review this notice carefully**

The privacy of your health/mental health information is important to me. I will maintain the privacy of your health information and I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

A new federal law, commonly known as HIPPA, requires I take additional steps to keep you informed about how I may use information that is gathered in order to provide you with health care services. As part of this process, I am required to provide you with the attached Notice of Privacy Practices and to request that you sign below that you have received and read a copy of the Notice. The Notice describes how I may use and disclose your protected health information to carry out treatment, payment and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information I maintain about you and a brief description of how you may exercise these rights.

I, _____ acknowledge that I have received and read the NOTICE OF PRIVACY PRACTICES.

_____
Client Signature or Parent if Minor

_____
Client Signature or Parent if Minor

_____
Date