

Client Rights

Instructions: Please read this form carefully

Right to request how we contact you.

I will normally communicate with you during normal scheduled visits. There may come a time where I need to communicate with you outside of this normal routine for reasons that may be out of my control. You have the right to request that I communicate with you in a different way.

Your right to release your medical records.

In order for me to release your records for normal routine events, I will need permission in writing from you. You have the right to revoke this authorization, in writing, at any time.

Your right to inspect and copy your medical and billing records.

You have the right to inspect and obtain a copy of your clinical record. If you need to access your billing or health information, you will need to contact myself, **Linda Rasmussen, LCSW**. Under limited circumstance I may release that information to you within 10 calendar days, or some cases within 30 calendar days. I may also deny your request to inspect and copy your clinical chart. If you ask for a copy of any information, I will charge a reasonable fee for the costs of copying, mailing and supplies.

Your right to add information or amend your medical records.

To request an authorization for an amendment, you must contact **Linda Rasmussen, LCSW** during normal business hours Monday thru Friday. I will require a written request providing an explanation. This must be signed by you and dated within 48 hours of the request. I will then make a decision on your request with 10 calendar days, or some cases within 30 calendar days. I may deny your request to add or amend your information. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your clinical record.

Your right to an accounting of disclosures.

You may request an accounting of any disclosures, if any, that I have made related to your medical information. There are exceptions for this and they are information that I used for treatment, payment, or health care operational purposes or that I shared with you or your family, or information that you gave me specific consent to release. It also excludes information that I was required to release. To receive information regarding disclosure made for specific time periods no longer than two years and after April 14, 2003.

Your right to request restrictions on uses and disclosures of your health information.

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be submitted in writing.

Your right to complain.

If you believe your privacy rights have been violated, please contact myself. You may also file a written complaint with the U.S. Department of Health and Human Services.

Your right to receive changes in policy.

You have the right to receive any future policy changes secondary to changes in state and federal laws.