



Center for Integrated Well-Being

NOTICE OF PRIVACY PRACTICES

I know that Jeffry Jeanetta-Wark, M.A., LICSW follows federal and state rules to protect my mental health information including my identification and notes of our sessions together. He will ask for my signed authorization before he shares any of my mental health information. I can revoke that authorization if I wish by asking for this in writing. I recognize that Jeffry is required by law to ensure that no information about me will be released to persons or agencies outside of his practice without my written consent except by court order or as required by other judicial proceedings. However, there are exceptions to confidentiality. Certain topics we discuss in therapy might warrant Jeffry to release information without my permission to designated authorities.

Jeffry is required to report information if I discuss the following:

- Serious intention to harm myself or someone else
- Any physical abuse, neglect, or sexual abuse of children or vulnerable adults within the last three years
- The use of an illegal drug for non-medical purpose during a pregnancy
- Being the victim of sexual exploitation by counseling or healthcare professionals
- Serious threats to health or safety (including adult and domestic abuse)

Jeffry has told me that I have rights:

- I can request restrictions on who receives my information.
- I can specify where and how he will contact me.
- I can read and copy my file information.
- I can find out where my therapy information is being sent.
- I can receive a paper copy of this **Notice of Privacy Practices**.

Jeffry has told me that he has these duties:

- To tell me what he will do to protect my clinical information
- To tell me if he changes his Privacy Policies
- To give me a revised **Notice of Privacy Practice**

Jeffry has told me that, if I think he has violated my privacy I can

- Give him a written and/or verbal complaint
- Send a copy of the complaint to the Minnesota Board of Social Work

Jeffry has offered to give me a detailed copy of the Privacy Notice and to show me his Policy and Procedures Manual, and provide me with contact information of the Minnesota Board of Social Work.

I have been offered a copy of this **Notice of Privacy Practices**.

Signature _____

Date _____

**Specifically, the Minnesota Data Privacies Act and the Federal Health Insurance Portability and Accountability Act (HIPPA)*