

Kevin Lemieux Counseling Services
Kevin Lemieux, LPC
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Notice of Confidentiality

This notice is being provided as required by HIPPA, a governmental law passed in August 1996. As a therapist, it is my goal and ethical obligation to provide confidentiality for you within the confines of the law. Please feel free to ask me any questions regarding this information.

1. With your written consent, I may use and disclose the health information for the following purposes:
 - a. To provide you with clinical treatment or services.
 - b. In order to run the office and make sure that you and my other clients receive quality care.
 - c. To contact you as a reminder of an appointment at my office.

2. I may be required to use or disclose health information about you, subject to all applicable legal requirement and limitations in the following situations:
 - a. For preventing a serious threat to your health and safety or the health and safety of the public or another person.
 - b. If required to do so by federal, state or local law.
 - c. If you are involved in a lawsuit or a dispute, I may be required to disclose health information about you in response to a court or administrative order; or, subject to all applicable legal requirements, in response to a subpoena.

3. I will not use or disclose your health information for any purposes other than those identified in the previous sections without your specific, written authorization. If you give me authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

4. You have the right to inspect and copy your health information, such as clinical and billing record, that I keep and use to make decisions about your care. You must provide a written request to Kevin Lemieux Counseling Services, in order to inspect and/or copy records of your health information.

Regarding Notice of Confidentiality

I have received the information on the “Notice of Confidentiality” and understand that I can, at any time, ask my therapist for clarification of any information on this form.

Client Signature

Date

Counselor Signature

Date