

George T. Lynn, M.A., M.P.A., L.M.H.C.
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Notice of Rights and Disclosure Information

This is to explain your rights to information concerning counseling services with me and the permitted disclosures under the Health Insurance Portability and Accountability Act of 1996. (45 CFR Parts 160 and 164).

Your rights:

- To review case notes, assessments, and other information I have created in the course of your counseling with me. You must make the request to review records in writing.
- To request amendment of my records if you believe there are inaccuracies in them.
- To receive an accounting of the agencies to whom I disclosed your information.
- To request a restriction with regards to who receives your information.

Use and Disclosure

By signing the Counselor Disclosure Statement with Client Agreement which I have provided to you, you agree to allow disclosure of information pertaining to your treatment in counseling with:

- Insurance companies to determine payment.
- Agencies involved with tracking contagious diseases.
- Judicial and Administrative officers under Court Order.
- Law enforcement agencies.
- In cases of immediate danger to self and others.
- In cases of child abuse and neglect.
- Military agencies reviewing the fitness of personnel for service.
- National security agencies.
- Workers Compensation agencies.
- Coroners and medical examiners.
- The U.S. Department of Health and Human Services.

Other Uses and Disclosures

I am required to get your written consent for release of information to disclose facts pertaining to your treatment that fall outside the activities and agencies outlined above.

George T. Lynn, M.A., L.M.H.C.