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Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed in any form are kept properly confidential. It gives health providers permission to use and disclose your medical information only for the purposes of treatment, payment, and healthcare operations. You have the right to request restrictions on certain uses and disclosures of protected health information. You also have the right to receive confidential communications of your health information, to inspect and copy your health information, to amend your health information, to receive an accounting of disclosures of health information, and to obtain a paper copy of this notice upon request.

You have the right to file a complaint with the U.S. Department of Health and Human Services if you feel your rights have been violated. The contact information is: The US Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201. Phone numbers: (202) 619-0257 or 1-877-696-6775.

I have read and understand this notice.

Signature of client or client's guardian

Date

Signature of client or client's guardian

Date