



## Summary Notice of Privacy Policies

This summary of our Notice of Privacy Practices describes how we may use or disclose your psychological and medical health information. It also explains your rights and our duties under the current privacy laws.

### Our Rights

*We may use and disclose your health information to:*

- Process claims to your health plan or insurance company
- Comply with laws that require reporting of your health information including direct threat to harm self or others
- Review your records for quality of care
- Remind you of appointments
- Inform you of any health service or benefit that may interest you

### Your Rights

*While the records we maintain about you belong to us, you have the following rights with respect to those records. You have the right to:*

- Request a copy of our full privacy notice
- See your treatment records and request a copy
- Request we amend your record if you believe it is not complete or correct
- Request we send information or communicate with you in a confidential manner
- Request restrictions that your health information not be shared with certain people, groups or companies
- Be notified of a breach of your personal health information
- Complain to us and/or the Arkansas Board of Examiners in Counseling if you believe we have violated your privacy rights
- Request a list of any disclosures not required for treatment, payment and business operations for a period of up to six years

### Our Duties

*We must:*

- Provide you with our Notice of Privacy Practices and abide by its terms.

*We may:*

- Charge a fee for copies of your medical information
- Require up to 90 days to process your request for records
- Deny your request to amend your records for certain reasons and if asked give you a written reason
- Amend the Notice from time to time, post the revised notice, and make a copy for you upon request

If you have questions, please contact our office.

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