

**Dale Eilerman, M.Ed., PCC-S  
Conflict Solutions Ohio, LLC**

**NOTICE OF PRIVACY PRACTICES**

**Effective Date:** September 1, 2008

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I respect client confidentiality and only release personal information about you in accordance with the State and federal law. This notice describes my policy related to the use of the records of your care generated by Dale Eilerman, M.Ed., PCC-S.

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

In order to effectively provide you care, there are times when I will need to share your personal information with others beyond this office. This includes:

Treatment      **With your permission** I may use or disclose personal information about you to provide, coordinate, or manage your care or any related services, including sharing information with other providers outside this office with whom I am consulting (school staff, attorney, physician, other health care provider).

Payment      Information may be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

**Information Disclosed Without Your Consent.** Under State and federal law, information about you may be disclosed without your consent in the following circumstances:

Follow Up Appointments      I will be contacting you to remind you of future appointments or information about treatment alternatives that may be of interest to you.

As Required by Law      This would include situations where I have a subpoena, a court order, or suspect abuse and neglect such as child abuse or elder abuse.

Criminal Activity or  
Danger to Self/Others      If a crime is committed on our premises or against someone at this office location I may share information with law enforcement to apprehend the criminal. I also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may exist to someone, or if we believe you present a danger to yourself.

## Client Rights

You have the following rights under State and federal law:

- Copy of Record You are entitled to inspect the personal record Dale Eilerman M.Ed., PCC-S has generated about you. I may charge you a reasonable fee for copying and mailing your record.
- Release of Records You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.
- Restriction on Record You may ask me not to use or disclose part of your record. This request must be in writing. I am not required to agree to your request if I believe it is in your best interest to permit use and disclosure of the information.
- Amending Record If you believe that something in your record is incorrect or incomplete, you may request that I amend it in writing. I may deny your request. If I deny your request for an amendment you have a right to file a statement that you disagree with me. I will then file my response and your statement and my response will be added to your record.

Contacting You You are providing permission for me to contact you by the following means:

\_\_\_\_\_ **Telephone(s):** \_\_\_\_\_

\_\_\_\_\_ **Mail:** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

You may request that I send information to another address or by alternative means. I will honor such request as long as it is reasonable and I am assured it is correct. I have a right to verify that the payment information you are providing is correct. I am not able to provide information by email to anyone other than you.

Questions and Complaints If you have any questions, or wish a copy of this Policy or have any complaints you may contact Dale Eilerman M.Ed., PCC-S. You may report grievances or unresolved complaints to:

Ohio Counselor, Social Worker and Marriage and Family Therapy Board  
50 W. Broad St., Suite 1075  
Columbus, OH 43215-5919  
614-728-7791

Changes in Policy Dale Eilerman M.Ed., PCC-S reserves the right to change its Privacy Policy based on the needs of this office and changes in state and federal law.

I acknowledge that I have received a copy of the Privacy Practices and Client Rights:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_