

**NOTICE TO PERSONS REGARDING
OUR PRIVACY PRACTICES**

CareNet Counseling, Inc.

A Samaritan Center

Medical Center Boulevard

Winston-Salem, NC 27157-1097

Phone: (336) 716-0800 Fax: (336) 716-0822

During this initial contact with you, we discussed confidentiality and privacy issues. These practices are designed to protect your individual identifiable information and confidentiality.

Although we have discussed our privacy and confidentiality practices with you, we will give you a written copy of our *Notice of Privacy Practices* if you request. The written *Notice of Privacy Practices* outlines how we can use and disclose information along with the rights that you have regarding your information maintained by us.

Also, we must obtain written acknowledgement that we have discussed our privacy practices with you. By signing this form, you are only acknowledging that you have been informed about our practices to maintain privacy and confidentiality. Please indicate if you want a copy of the *Notice of Privacy Practices*.

Finally, if you have any questions about your privacy at our practice, please contact Bryan Hatcher, Interim Director, Privacy Compliance Officer.

If you believe your rights have been violated or have a complaint about our practice, you may contact Bryan Hatcher, Interim Director or the Secretary, Department of Health and Human Services.

By signing this document I am acknowledging that I have

_____ been informed about how my privacy and confidentiality will be maintained by CareNet Counseling.

_____ requested and received a copy of the CareNet Counseling *Notice of Privacy Practices*.

Client Signature

Date

Counselor Signature

Date