

**HOOPER COUNSELING AND CONSULTATION SERVICES, LLC**  
*Promoting Authenticity in Thinking, Doing, and Being*  
*Connie Bussey-Hooper, LMSW, DCSW, Owner and Mental Health Therapist*

**HIPAA PRIVACY POLICY**

When you sign our Consent for Treatment and fee agreement, you are giving us permission to release your personal health information for the following purposes:

1. Treatment: for your therapist at Hooper Counseling and Consultation Services, LLC.
2. Payment: Any necessary information required by insurance companies for treatment authorizations, payment approvals, and billing needs according to your current policy. If you are requiring payment be made by someone other than yourself or an insurance company, you will need to provide a signed consent form allowing Hooper Counseling and Consultation Services, LLC to communicate with that person(s).

If you want anyone other than yourself to be able to schedule appointments or discuss payment or scheduling issues you will need to sign a Consent for Release of Information form.

**Exceptions where confidential information may be released without your consent would involve:**

**Any form of abuse for minors or the elderly.**

**Any suicidal or homicidal threats or behaviors to yourself or others.**

**Licensing board investigations.**

**Patients' Rights:** You have the right to:

- Put restrictions on disclosures
- Request confidential information (billing, etc.) be sent to alternate locations to protect your privacy
- Receive a listing of disclosures made
- Request and receive a full copy of the privacy policy
- Submit a request to inspect, copy, or amend your records (in coordination with your

therapist, see below)

- Right to restrict disclosures when you have paid out of pocket for your treatment
- To be notified if there is a breach of confidentiality regarding your information that

Violates HIPAA Privacy Rules

**Therapists' Responsibilities:** Under HIPAA your therapist has the right to deny your request to inspect, copy, or amend your records, but will make every reasonable effort to discuss this with you.

**Privacy Complaints:** If you feel your privacy rights have been violated please contact our office at the Number at the bottom of this page.

***Psychological and Behavioral Consultants***  
2535 E. Mount Hope Ave. Lansing, MI 48910-1913  
517-999-0990 Office  
51-204-4670 Cell  
[conniehooper@midmimed.com](mailto:conniehooper@midmimed.com) |

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**I have received and read the HIPAA Privacy Policy and understand my privacy rights.**

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**Client Signature**

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**Date**

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**Printed Name of Client**

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**Parent or Guardian if client is a Minor**

*conniehooper@midmimed.com /*