



**HEALING SOUNDS**  
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*Improving personal health  
and wellness through  
imagery and music*

## **HIPAA NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS**

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

Effective date: April 14, 2003. Healing Sounds Music Therapy only releases information in accordance with state and federal laws and the ethics of the music therapy profession. This notice describes the policies related to the use and disclosure of clients' healthcare information.

Use and disclosure of protected healthcare information for the purpose of providing services. Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

Your healthcare information may be used and disclosed to appropriate sources for the following reasons:

### **Treatment:**

- Provide, manage, or coordinate care
- Consultants
- Referral sources

### **Payment:**

- Verify insurance and coverage
- Process claims and collect fees

### **Healthcare operations:**

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training
- Compliance and licensing activities

### **Other uses and disclosures without your consent:**

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives
- As required by law



**CLIENT RIGHTS:** As a client of mental/behavioral health services, you have the following rights (more detailed information of most of these categories is provided in your consent to treatment):

**Right to request your medical records:**

- Written authorization to release records to others
- Right to revoke release in writing
- Revocation is not valid to the extent that the music therapist has acted in reliance on such previous authorization

**Right to request where we contact you:**

- Home \_\_\_\_\_ yes no
- Work \_\_\_\_\_ yes no
- Cell phone \_\_\_\_\_ yes no
- Email \_\_\_\_\_ yes no
- If not, how may we contact you \_\_\_\_\_

**Right to inspect and copy your medical billing records:**

- Right to inspect and receive a copy of your records
- Music therapist may deny this request
- Charges for copying, mailing, etc. apply

**Right to add information or amend your medical records:**

- May request to amend your record
- Music therapist has 30 days to decide
- Music therapist may deny this request
- If denied, you have the right to file a disagreement statement
- Disagreement and the music therapist's response will be filed in the record
- Amendment request must be in writing

**Right to request restrictions on uses and disclosures of your healthcare information:**

- Must be in writing
- Music therapist is not obligated to agree

**Right to complain:**

- Please contact the music therapist first in person or in writing
- If not satisfied, you have the right to complain to the U.S. Dept. of Health and Human Services
- To be free from retaliation

**Right to receive changes in policy:**

- You may request any future changes to these policies
- Submit your request to privacy officer

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Music Therapist's Signature

\_\_\_\_\_  
Date



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