



1381 Crossings Centre Drive Suite E

Forest VA 24551

(434) 219-5621

NOTICE OF PRIVACY PRACTICES Acknowledgement of Notice

I hereby acknowledge that I have been given an opportunity to read a copy of this offices' Notice of Privacy Practices stated below.

This privacy policy sets out how Empower Counseling, PC uses and protects any information that you provide Empower Counseling, PC and www.empowercounseling.info when you use the web site, or communicate with us. Effective 06/01/2016.

Our Commitment To Privacy

Your privacy is important. Empower Counseling; PC is committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified; you can be assured that it will only be used in accordance with this privacy statement and to provide the utmost care. Empower Counseling, PC will never share your personal information, including your email address, with anyone except as required to complete a communication or except as required by law.

The Information Collected

We may collect your name, e-mail, insurance information, and phone number only as supplied by you with your consent. Empower Counseling, PC will also ask you to sign a release of information to those you wish to be involved in your, or your child's treatment.

How We Use the Information Collected

We use email addresses and phone numbers to answer and / or reply to the communications received. Phone numbers will be used to schedule appointments and to coordinate care with those who have been designated by you with a sign of release such as doctors, guidance counselors or additional guardians. We do not share this information with outside parties except as required by law.

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NOTICE OF PRIVACY PRACTICES cont'd

Security

To prevent unauthorized access, maintain data accuracy, and ensure the correct use of information, we have put in place appropriate physical, electronic, and managerial procedures to safeguard and secure any information that may be collected from the website.

Privacy Policy Changes

Should the need to change any of the above stated policies arise; the new policy will be posted.

Signature of Patient/Client

Date

Signature or Patient, Guardian or Personal Representative

Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

_____ Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date