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## Notice of Privacy Practices

This notice provides you with information on how your personal and medical information may be used and disclosed and how you may access this information.

The information that I collect from you is private. I am required to give you this Notice of Privacy Practices as required by the **Health Insurance Portability and Accountability Act (HIPAA)**. Only people who have both the need and the legal right may access your information. Unless you give me permission in writing, I will only disclose your information for purposes of treatment, payment, business operations or when I am required by law to do so.

### Treatment.

I may disclose information about you for emergency purposes only. For example, I may notify your family if you are in need of medical care due to suicidal ideation.

### Business Operations.

I may need to use and disclose information for my business operations. For example, I may use your information to review the quality of care you receive.

### Exceptions.

For certain types of information, your written permission may be needed even for release for treatment issues and business operations.

### As Required By Law.

I will release information when I am required by law to do so. Examples of such releases would be for court orders, suspicion of child abuse, and suicidal or homicidal intent.

### Your Privacy Rights.

You have the following rights regarding the health information that I have about you. Your requests must be made in writing in order for me to produce this for you.

### Your Right To Inspect and Copy.

In most cases, you have the right to review or get copies of your records. You will be charged \$0.10 a copy for your records. The requests will be honored within 90 days.

### Your Right To Amend.

You may ask me to change your records if you feel that there is a mistake. I can deny your request for certain reasons, but I must give you a written reason for my denial.