



Grow Yourself Great Counseling and Consulting, PLLC



Email: admin@GYGCounseling.com
Telephone: (704) 313-0174
Fax: (800) 853-7998
Charlotte, North Carolina 28269

Consumer's Name:	Date of Birth:	Record #:
Legal Guardian:	Insurance:	Policy #:

NOTICE OF PRIVACY PRACTICES OF GROW YOURSELF GREAT COUNSELING AND CONSULTING, PLLC

Grow Yourself Great Counseling and Consulting, PLLC must collect timely and accurate health information about you and make that information available to members of your health care team in this agency, so that they can accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of *Grow Yourself Great Counseling and Consulting, PLLC* to protect your health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care, and for other services relating to your health care.

The purpose of this *Notice of Privacy Practices* is to inform you about how your health information may be used within *Grow Yourself Great Counseling and Consulting, PLLC*, as well as reasons why your health information could be sent to other service providers outside of this agency.

This *Notice* describes your rights in regards to the protection of your health information and how you may exercise those rights. This *Notice* also gives you the names of contacts should you have questions or comments about the policies and procedures *Grow Yourself Great Counseling and Consulting, PLLC* uses to protect the privacy of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

Client Acknowledgement

I have read and understand the *Grow Yourself Great Counseling and Consulting, PLLC's Notice of Privacy Practices*, which describes this agency's methods for protecting the privacy of my health information that is used in providing health care services to me.

Consumer's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

GYG Staff's Signature: _____ Date: _____

**Note: *Grow Yourself Great Counseling and Consulting, PLLC* retains this signed page.
Client retains the *Notice of Privacy Practices* document.**