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NOTICE OF PRIVACY PRACTICES

As a patient being treated in our practice, you have a right to:

- Receive respectful treatment that will be helpful to you.
- Receive a particular type of treatment or end treatment without obligation or harassment.
- A safe environment, free from abuse.
- Report unethical or illegal behavior by a clinician.
- Ask questions about your therapy.
- Request and receive full information about the clinician's credentials.
- Have written information about fees, methods of payment, insurance reimbursement, and cancellation policies before beginning treatment.
- Know the limits of confidentiality and the circumstances under which a clinician is legally required to disclose information to others.
- Request a transfer of a copy of your file to any clinician or agency you choose.
- Receive a second opinion at any time about your treatment.
- Request that the clinician inform you of your progress.
- Receive a copy of this form.
- Have your privacy always respected.

Our Notice of Privacy Practices describes potential uses and disclosures of your health information by our clinicians and outlines your healthcare privacy rights. Please read carefully and contact us if you have any questions.

My signature below indicates that I, (print name) _____, have read and am aware of my patient and privacy rights and that I have received a copy of Affiliates' Notice of Privacy Policies.

Patient Signature: _____ Date _____

Guardian Signature: _____ Date _____