

**Lombino Counseling LLC**  
**(302) 273-0700 (Phone)**  
**(302) 273-0605 (Fax)**  
**info@richlombino.com**  
**www.richlombino.com**

**Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to it. Your records are used to provide treatment, bill and receive payments, and conduct mental healthcare operations. Federal and State laws require abuse, neglect, domestic violence and threats to be reported to social services or other protective agencies. If such reports are made they will be disclosed to you or your legal representative unless disclosure increases further risk. Disclosed information will be limited to the minimum necessary. You, or your legal representative, may request in writing your records to be disclosed to yourself or any other entity. A request for disclosure may be denied under the following circumstances: disclosure would likely endanger the life or physical safety of you or another person, requested information references other persons, except another healthcare provider, or if released to a legal representative would likely result in harm. If a request for disclosure is denied for reasons outlined above, you or your legal representative may request review of the denial. You have the right to complain about any privacy issues by contacting the State and/or Federal government. This agreement may be modified or amended as required by law or in the course of your treatment as needed.

I HAVE READ AND UNDERSTAND THIS NOTICE OF PRIVACY PRACTICES AND MY RIGHTS CONCERNING USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_