

**Lenore C. Pranzo, M.A., LMFT, Cht, PhD  
Redding Counseling, LLC.  
781 North Park Avenue  
Redding, CT 06896**

**This notice describes how health information about you may be used and disclosed. Please read and review it carefully.**

I am required by law to maintain the privacy of your health information and to provide you with notice of my legal duties and privacy practices. I reserve the right to change my privacy policies as permitted by law and will notify you of any significant changes.

**Reporting suspected federal violations and child abuse** – Suspected federal violations may be reported to appropriate authorities in accordance with Federal regulations. Federal laws and regulations do not protect any information about suspected child or elder abuse or neglect from being reported under State law to appropriate State or local authorities.

**Treatment** - I may use and disclose your health information to parties to coordinate care (i.e. by communicating with physicians, psychiatrists, therapists, school or other professionals involved in your care. This information will only be shared with your written consent to do so.

**Special conditions regarding disclosure of psychiatric, substance abuse, and HIV related information** – For disclosure concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related information, special restrictions may apply. I generally may not disclose this information in response to a subpoena, unless you sign an authorization to do so or a judge orders the disclosure.

**I consent to the use or disclosure of my protected health information by Redding Counseling, LLC to any organization or person for the purposes of carrying out treatment, obtaining payment or conducting certain healthcare operations.**

**By signing below, I/we acknowledge that the above information has been read and understood.**

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Client Signature

Date

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Client Signature

Date