



## CLIENT RIGHTS

**Request for restrictions:** You have the right to request that I restrict how your protected health information is used or disclosed in carrying out treatment, payment or as otherwise permitted by law. Such requests must be made in writing to my attention. I am not required to agree to the requested for restrictions, but if I do, I will abide by our agreement except in an emergency.

**Access to protected health information:** You have the right to look at or obtain a copy of your protected healthcare information. You must make a request in writing to my office to obtain access to your protected healthcare information. If you request copies, I may charge you a reasonable fee for copies and postage.

**Accounting of disclosures:** You have the right to receive an accounting of the disclosures I have made of your protected health information. I will provide you with the date on which I made the disclosure, the name of the person or entity to which I disclosed your information, the reason for the disclosure and certain other information as appropriate.

**Amendments to health information:** You may request that I amend your protected health information if you feel that it is incomplete or incorrect. Your request must be in writing, and it must explain why the information should be amended. If I did not create the information, you want amended or for certain other reasons that I disclose to you, I may deny your request. If I deny your request, I will provide you with a written explanation. If denied, you have the right to file a statement of disagreement with the decision.

For more information or to report a problem: I support your right to protect the privacy of your protected health and financial information. If you have any questions, complaints, or if you would like additional information about my privacy practices, you may contact me by phone at (207) 248-6004, or by mail at [contact@essentiacih.com](mailto:contact@essentiacih.com)

**LIVE. SHINE. THRIVE.**