

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment and payment.

Treatment means providing, coordinating or managing health care or related services by one or more health care providers.

Payment means such activities as obtaining reimbursement for services, confirming coverage, and billing or collection activities.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

If your psychologist/psychotherapist is concerned about possible danger to yourself or others, by law that information must be shared with someone who can help insure your safety and/or protect the safety of others. Secondly, State Law requires that any suspicion of child abuse be reported to Child Protective Services.

The use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosure to law enforcement agencies, to a health oversight agency (such as U.S. Department of Health/Human Services or a state department of health), or a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

Any other uses of disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken action relying on your authorization.

No later than 15 days after receiving a written request to examine or copy all or part of the mental health records, your psychologist/psychotherapist shall:

- a) make the information available for examination during regular business hours and provide you with a copy, if requested;
- b) inform you in writing that the information does not exist or cannot be found; or
- c) provide you with a signed and dated statement that having access to the mental health records would be harmful to your physical, mental or emotional health. The written statement must specify the portion of the record being withheld, the reason for the denial and the duration of the denial.

Additionally, you have the following rights with respect to your protected health information, which you can exercise by presenting a written request to this office.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. We are, however, not required to agree to a request restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to restrict certain disclosure of protected health information to a health plan when you pay out-of-pocket in full for services.
- The right to be notified if: (a) there is a breach (a use or disclosure of your protected health information in violation of the HIPAA Privacy rule) involving your protected health information; (b) that protected health information has not been encrypted to government standards; and (c) the risk assessment fails to determine that there is a low probability that your protected health information has been compromised.
- The right to receive an accounting of disclosure of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of September 27, 2013, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request, a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our office or the U.S. Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint: The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775