

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.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations and your rights concerning your health information (Protected Health Information or "PHI"). I must follow the privacy practices that are described in this Notice, which may be amended from time to time.

Uses of disclosures of protected health information

A. Permissible Uses and Disclosures With Your Written Authorization

1. **Payment:** With your permission, I may use or disclose PHI so that services you receive are appropriately billed and payment is collected from your health plan. For example, I may disclose dates of service, diagnostic codes to your insurance carrier or to my billers (you will sign a separate release of information to them prior to any release of this information).

B. Permissible Uses and Disclosures Without Your Written Authorization.

I may use and disclose PHI without your written authorization, excluding psychotherapy notes, for certain purposes as described below. The examples provided are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **Treatment:** I may use and disclose PHI in order to provide treatment for you without your permission only for the following reasons:

Required or Permitted by Law: I may use or disclose PHI when I am required to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary, to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include necessary public health activities and response to a court order or other lawful processes. Note: There are other legal reasons to disclose without your consent which you may ask about and about which we would talk to determine together how to proceed if asked. Most of these I have not seen in many years of practice and which do not seem to apply to you at all, but they do exist and you may want to know about them.

Your Individual Rights

- A. Right to Inspect. You may request access to your medical record and billing records maintained by me and have copies. All requests must be in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the cost of copying and sending any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of your minor's medical record will not be accessible to you.
- B. Right to Alternative Communications. You may request and I will accommodate any reasonable written request for you to receive PHI through agreed upon channels (i.e., email, though keep in mind it is not HIPAA compliant).
- C. Right to Request Restrictions. You have the right to request a restriction of PHI used for disclosure for treatment, payment or health care. You must do that in writing. I am not required to agree to any such restrictions but cannot think of a circumstance where this would not be agreed upon. Please bear in mind that it may impact the quality of your treatment if I cannot coordinate care with other providers, but you will not forfeit counseling by making this request.
- D. Right to Request Amendment: You have the right to request that I amend your health information. Your request must be in writing and it must explain why the information should be amended. I may deny your request under certain circumstances but that would be thoroughly discussed and explained.
- E. Right to Obtain this Notice. You have a right to a copy of this notice.
- F. Questions and complaints. If you desire further information about your privacy rights or are concerned I have violated your privacy rights, you may contact me. This will be discussed safely and without consequence to you. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services.