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## 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 THIS NOTICE CAREFULLY.**

As part of this professional practice, I maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. "Protected Health Information" ("PHI") is information about you, including demographic information, that may identify you or be used to identify you, and relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

**Your Rights Regarding Your PHI.** The following are your rights regarding PHI I maintain about you:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI I maintain. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures I make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request I communicate with you in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.
- **Right of Complaint.** You have the right to file a complaint in writing with my office or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I *will not retaliate against you for filing a complaint.*

### **My Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations**

**Treatment.** I may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, I may disclose your PHI to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons, including family members, involved in your care.

**Payment.** I may use your PHI in connection with billing statements I send you and my system for tracking charges and credits to your account.

**Health Care Operations.** I may use and disclose your PHI for the health care operations of my professional practice in support of the functions of treatment and payment. Such disclosures would be to Business

Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist me in delivery of your health care.

**Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object**

**Required by Law.** I may use or disclose your PHI to the extent the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Health Oversight.** I may disclose your PHI to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me (such as third-party payers).

**Threat to Health or Safety.** I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

**Appointment Reminders.** I may use your PHI to contact you to remind you of your appointments with me.

**Business Associates.** I may disclose your PHI to Business Associates that are contracted by me to perform health care operations or payment activities on my behalf which may involve their collection, use or disclosure of your PHI. My contract with them must require them to safeguard the privacy of your PHI.

**Compulsory Process.** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will also disclose your PHI if (1) you and my office have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand, and (4) such time has elapsed.

**Uses and Disclosures of PHI with Your Written Authorization**

I will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s).

**This Notice**

This Notice of Privacy Practices informs you how I may use and disclose your protected health information (“PHI”) and your rights regarding your PHI. I am required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time.

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**Client Signature**

**Date**

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**Therapist Signature**

**Date**