



Effective Date: May 31, 2014

This notice is intended to inform you of how I protect, use, and disclose your health information, as well as explain your right to control these disclosures as required under the ***Health Insurance Portability and Accountability Act of 1996 (HIPAA)***. Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, I am required by law to maintain the privacy of your information and provide you with a notice of my legal duties and privacy practices with respect to your protected health information.

Treatment: I may use and disclose protected health information in the provision, coordination or management of your care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. None of this is done without your prior written authorization.

Payment: I may use and disclose protected health information to obtain reimbursement for your health care from your insurance provider, to determine eligibility and coverage, or comply with utilization review activities. I may disclose sufficient information to collect an unpaid bill through a collection agency if not paid within a reasonable amount of time.

Operations: As a private practitioner, only the office manager and I will handle your files and billing information. The office manager will only use the information necessary to complete the task(s) that I request of them.

Confidentiality: There are a variety of situations that might result in my disclosing information about you without your consent or authorization. These include the following which are subject to applicable legal requirements and limitations:

Danger to self or others: Based on professional judgment, I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Abuse: In the case of certain abuse situations, I may use and disclose health information about you when necessary to stop the abuse of a protected class (e.g. children, elders, developmentally delayed adults) or prevent this abuse from occurring.

Lawsuits or disputes: I may disclose protected health information about you in response to a court or administrative order or subpoena.

Any other release of your records will require a written authorization by you with a specific expiration date to the authorization.

Your rights: You have the following rights regarding health information that I maintain about you:

You have a right to receive a copy of this Notice of Privacy Practices upon request. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually this includes health and billing records, but does not include therapy notes.

You have the right to request an amendment to your protected health information. However, any agreed upon amendment will be included as an addition to, and not a replacement of, existing records.

You have the right to request an accounting of disclosures of protected health information made by me to individuals or entities regarding your health information.

You have the right to request a restriction or limitation on the health information I use or disclose about you for treatment, payment of other health care operations.

You have the right to request that I communicate with you about your health matters in a certain way or in a certain location (mail to a specific place other than your home).

You have the right to authorize a use or disclosure of your records in writing and to revoke that authorization later so I will not continue to use it. This does not affect any disclosure that was already made prior to revocation.

Any of these above requests should be made in writing to your clinician.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with me, in writing. You will not be penalized in any way for filing a complaint. If you prefer, you may contact the U.S. Department of Health and Human Services at 1-877-696-6775.

Your signature below indicates that you have read, or had explained to you this document and that any questions you may have had has been answered. Your signature also indicates that you agree to this Notice and the information herein.

Signature

Date

Therapist Signature

Date