

## **Notice of Privacy Practices**

### **Your Protected Health Information: Your Rights. My Responsibility.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### **Summary:**

#### **Your Rights**

You have the right to:

- Expect confidential communication
- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Ask me to limit the information I share
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that I use and share information as I treat you.

#### **My Uses and Disclosures**

I may use and share your information as I:

- Treat you
- Run my organization
- Bill for your services with health insurers
- Help with public health and safety issues
- Comply with the law
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of my responsibilities to help you.

### **Expect confidential communications**

- Our communication is confidential with a few exceptions outlined in the document.
- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this.

### **Ask me to correct your medical record**

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.

### **Ask me to limit what I use or share**

- You can ask me not to use or share certain health information for treatment, payment, or my operations.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say “yes” unless a law requires me to share that information.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel I have violated your rights by contacting me using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- I will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care

In these cases I never share your information unless you give me written permission:

- Most sharing of psychotherapy notes

## **My Uses and Disclosures**

### **How do I typically use or share your health information?**

I typically use or share your health information in the following ways.

#### **Treat you**

I can use your health information and share it with other professionals who are treating you. I will only do this if you give explicit written permission for me to do so.

#### **Run my organization**

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

*Example: I use health information about you to manage your treatment and services.*

#### **Bill for your services**

I can use and share your health information to bill and get payment from health plans or other entities.

*Example: I give information about you to your health insurance plan so it will pay for your services.*

### **How else can I use or share your health information?**

I am allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. I have to meet many

conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

I can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- In most cases, I will inform you before I make any report.

### **Do research**

I can use or share your information for health research.

### **Comply with the law**

I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.

### **Address workers' compensation, law enforcement, and other government requests**

I can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **My Responsibilities**

- I am required by law to maintain the privacy and security of your protected health information. I keep my client's charts in a locked container that only I have access to.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. Please be aware that electronic forms of communication (e.g., fax, e-mail, cell phone) have risks that can compromise confidentiality.

- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request in my office and on my web site.

### **Other Instructions for Notice**

- Effective Date: 5/22/18
- I never market or sell personal information.