

Notice of Privacy Practices

This notice describes the confidentiality of your health records, how the information is used, your rights, and how you may obtain this information.

Our Legal Duties:

State and Federal laws require that we keep your Protected Health Information (PHI) private. PHI is information that may identify you and that relates to your past, present, or future health condition, the provision of health care services to you, or the payment for such health care. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available to you upon request before changes take place.

Use of Protected Health Information (PHI)

Both verbal information and written records about you ***cannot be shared with another party without your written consent***, or the consent of your legal guardian or personal representative. It is my policy not to release any PHI without your signed release except in certain emergency situations or exceptions in which PHI can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

PHI which may be requested and disclosed is used for *treatment* with other physicians or mental health practitioners (such as psychiatrists, psychotherapists, psychologists) who provide you with service or are otherwise involved in your care.

PHI (***such as your name, date of birth, insurance identification number, diagnosis, type of services, dates/times of services, treatment plan, description of impairment, progress of treatment, and summaries of treatment***) may be released for third-party *billing* purposes, including insurance providers, managed care companies, and other third-party payers for the purposes of payment of services, determining eligibility for benefits, reviewing provided services, and undertaking utilization review activities.

Exceptions to Confidentiality

Signed Consent: If a client signs a consent to release information;

Medical or Mental Health Emergencies: To avoid harm to a client or if a client is a danger to him or herself;

Duty to Warn: If a client discloses intentions or a plan to harm another person or persons;

Abuse: If a client states or suggests that he/she is abusing a child or vulnerable adult (such as an elder) or has recently abused a child or vulnerable adult. Abuse includes physical and/or sexual abuse, domestic violence, neglect and exploitation.

Judicial or Administrative Proceedings: If a court order or subpoena has been placed;

Defending Claims: If a client makes a claim against a mental health practitioner;

Other Cases: as required by public health and/or government health oversight activities, law enforcement, and other legal proceedings.

Other Exceptions:

Contacting You:

In the event I must telephone or email you for the purposes of appointments, cancellations, rescheduling, or to give/receive other information, efforts are made to preserve confidentiality. Please notify me in writing if your contact information changes and if you have special requests about how I leave information on a voicemail, email, or with someone answering the phone at your number.

Your Rights:

You may request in writing that I not use or disclose your PHI as described above. I will inform you whether I can fulfill your request and continue providing you with my services.

You have the right to know of any uses or disclosures I make with your PHI beyond those to which you have previously consented.

You have the right to have transferred copies of your PHI to another practitioner.

You have the right to see and receive a copy of you PHI upon written request, with these exceptions under federal law: You may not inspect or copy my psychotherapy notes, or information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding, or that is subject to law that prohibits access to PHI.

You have the right to request in writing an amendment or change to your PHI. I will inform you whether I can fulfill your request, but will regardless include in your file your request and, if you desire, your disagreement with my choice. I may prepare my explanation and will provide you with a copy.

If I change any of the details of this notice, you have the right to be notified by mail of any changes, and you have the right to object or withdraw your agreement to this notice.

Complaints:

If you have any complaints or questions regarding these procedures, or if you believe your privacy rights have been violated, please contact me. You may also file a complaint with: Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC 20201. If you file a complaint, I will take no retaliatory action against you.

Effective Date of this Notice:

This notice is in effect as of February 1,2011

I have read and understand the limits of confidentiality, privacy policies, my rights, and their meaning and ramifications:

(Print Name) Date Signed

(Signature)