



This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your health record contains personal information about you and your health. This info about you that may identify you and that relates to your past, present and future physical or mental health or condition and related health services is referred to as Protected Health Information (PHI). This notice of privacy practices describes how we may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time.

We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request, or providing you one at your next appt.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or peer review members. We may disclose PHI to any other consultant ONLY with your authorization.

For Payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to: quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (ex: billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed ONLY with your authorization. Your PHI will also be used to remind you of your appointments.

Uses and Disclosures Requiring Authorizations: You may give written permission which allows us to use or disclose PHI for purposes other than treatment, payment or healthcare operations. We will always obtain your written permission before releasing your psychotherapy notes which are notes about our conversations during private, group, joint or family counseling sessions. These notes are given a greater degree of protection than PHI.

Revocation of Authorization: You may revoke this authorization at any time, in writing, except to the extent that your therapist or the therapist's practice has taken an action on the use or disclosure indicated in the authorization. If the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy, you may not revoke this authorization.

Uses and Disclosures Without Consent or Authorization: We may use or disclose PHI without your consent or authorization in the following circumstances: instances of child abuse, instances of adult and domestic abuse of a disabled adult, health oversight, judicial or administrative proceedings only as required by law, serious threat to health or safety, medical emergency, worker's comp claims, or as required by law.

YOUR RIGHTS REGARDING YOUR PHI: You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to your therapist.

***Right of access to inspect and copy:** You have the right, which may be restricted only in exceptional circumstances to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.

***Right to request amendment:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.

***Right to an accounting of Disclosures:** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any twelve month period.

***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. We are not required to agree to your request.

***Right to request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

***Right to a Copy of this Notice:** You have a right to a copy of this notice.

COMPLAINTS: If you believe we have violated your privacy rights and wish to file a complaint with this office, you may send your written complaint to this office or you may contact your therapist. You may also send a written complaint to the Secretary of the US Dept of Health and Human Services. You have specific rights under the Privacy Rules. No retaliation will be taken against you for exercising your rights.