

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. *PLEASE REVIEW IT CAREFULLY.*

This notice takes effect May 1, 2017 and will remain in effect until replaced.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal duties and your rights concerning your health information. I am required to abide by the terms of this Notice of Privacy Practices. I may change the terms of this notice at any time, provided changes made are applicable to federal and state law, and the changes will be effective for all protected health information that I maintain at that time, or prior to the change. In the event that the Notice is changed, a new notice will be provided to you upon request. You may request a copy of the Notice at any time.

Use and Disclosure of Protected Health Information:

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow use and disclosure of your information for these purposes.

Treatment: It may be necessary to use and disclose your information to provide, coordinate or manage your health care, as well as obtain consultation or provide referral sources.

Payment: Information that is required to verify insurance and coverage, and to process claims and collect fees.

Other Uses and Disclosures Without Your Consent:

Required by Law: I may disclose your health information when required by law to do so. This use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Abuse or Neglect: Your protected health information may be disclosed to the appropriate authorities which are authorized by law to receive reports of the abuse or neglect of a child, dependent or elder adult. In addition, if I reasonably believe that you have been a victim of abuse or neglect, I may disclose your protected information; such disclosure will be made consistent with the requirements of applicable federal and state laws.

Safety of Yourself and/or Others: I may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

National Security: I may disclose to military authorities the health information of Armed Services personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities.

Appointment Information and/or Reminders: I may use or disclose your health information to provide you with appointment reminders such as voice-mail, text messages, email, postcards or letters.

CLIENT RIGHTS:

Your Authorization: In addition to the uses listed above, you may give written authorization to use your health information or to disclose it to any other professional or professional purposes. If you give written consent/authorization, you may revoke it at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, I cannot use or disclose your health information for any reason except those described in this notice.

Access: You have the right to review and obtain copies of your protected health information. You must submit your request in writing to obtain access to your health information. You will be charged a reasonable cost-based fee for time and expenses associated with providing copies of the information. If you request copies, you will be charged \$.50 per page, plus postage, if you request copies be mailed to you. Requests for such information will be honored within 30 days.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of use in a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to it.

Disclosure Accounting: You have the right to request a listing of all instances in which your health information was released for purposes other than treatment, payment, healthcare operations and certain other activities. Such a request more than once in a 12-month period will result in a reasonable, cost-based charge.

Amendment: You have the right to request that your protected health information be amended. Your request must be in writing, and must explain why the information should be amended. Such request may be denied under certain circumstances.

If you, as a client, feel your privacy has been violated, I hope you will discuss it with me first. However, you have the right to contact the U.S. Department of Health & Human Services, Office of Civil Rights. Such action will not result in retaliation against you for doing so.