

NOTICE OF PRIVACY PRACTICES

In accordance with the new Federal Health Insurance Portability Act of 1996 (HIPAA), please read:

Effective April 14, 2003

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

My psychotherapy practice is dedicated to maintaining the privacy of your personal health information. I will follow strict federal and state laws and ethical guidelines to protect your confidentiality. After you have read this **NOTICE OF PRIVACY PRACTICES** I will ask you to sign an *acknowledgement form*.

HOW I USE YOUR PROTECTED HEALTH INFORMATION (PHI)

When you participate in psychotherapy, I may use your health information for treatment, to bill for payment of services, and conduct normal business functions known as health care operations. Examples of how I will use your information include:

TREATMENT:

I keep records of the care and treatment provided to you to deliver quality services. This may include routine notes such as medication, counseling session start and stop times, duration, modalities and frequency of treatment, diagnosis, functional status, treatment plan, symptoms, prognosis, progress to date, and results of clinical tests.

PAYMENT:

I keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party payer. I may also contact your insurance company to verify coverage for your care or to obtain pre-approval or authorization of services.

HEALTH CARE OPERATIONS:

I use health information to conduct required business duties such as scheduling appointments and other administrative functions to improve the quality of my care.

You have the right to:

- Request that I use a specific telephone number or address to communicate with you.
- Request restrictions on how I share your health information. I will consider all requests for restrictions carefully but am not required to agree to any restriction.
- Inspect and copy your Protected Health Information, including health information and billing records. Fees may apply. Under limited circumstances, I may deny you access to a portion of your health information and you may request a review of the denial.*
- Request corrections and/or amendments of your health information.*
- File a complaint if you believe your privacy rights have been violated.*
- Obtain a written copy of this notice and additional information about my privacy practices.*
- Request an accounting of certain disclosures of your health information made by me. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law.*

Requests marked with an asterisk () must be made in writing. Ask me for the appropriate form.

DISCLOSURES AND USES REQUIRING AUTHORIZATION

I will obtain a written authorization from you before releasing information above and beyond acknowledged Protected Health Information, for purposes other than treatment, payment and health care operations. I will also obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during individual, group, joint, or family counseling sessions, which I have kept separate from the rest of your Protected Health Information. These notes are given a greater degree of protection than PHI. You may revoke such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) 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.

SHARING YOUR HEALTH INFORMATION

There are limited situations when I am required or permitted to disclose health information without your signed authorization. These situations include:

- To protect victims of abuse, neglect, or domestic violence.
- To prevent serious threats to public health or safety.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- For Worker's Compensation or similar programs if you file a claim.
- For specialized government functions such as intelligence and national security.

MY RESPONSIBILITIES REGARDING YOUR PRIVACY

- Provide this notice that describes the ways I may use and share your Protected Health Information.
- Maintain the privacy of your Protected Health Information.
- Follow the terms of this notice as currently in effect.

I reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information I maintain. Current notices will be posted in my office and you may ask me for a written copy.

CONTACT ME

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that I made about access to your health information contact me by phone or mail at the above address. I will study all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office Of Civil Rights of the U.S. Department of Health and Human Services.