



NOTICE OF PRIVACY PRACTICES (HIPAA)

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

I. MY PLEDGE REGARDING HEALTH INFORMATION: I am committed to protecting health information about you. I create a record of services to provide quality care and comply with legal requirements. This notice applies to all of the records of your care generated by this mental health care practice.

I am required by law to:

- Keep protected health information (“PHI”) about you private.
- Give you this notice of my legal duties and privacy practices regarding health information.
- Follow the terms of the notice currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. (Any new Notice will be available upon request, in my office, and on my website.)

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: Federal privacy rules (regulations) allow health care providers with direct treatment relationship to a client to use the client’s personal health information without the patient’s written authorization for the purposes of:

- a. Use in client treatment
- b. Use in defending clinician in legal proceedings instituted by client
- c. Use in investigation of clinician’s compliance with HIPAA
- d. As required and as limited by law
- e. As required to attempt averting serious threat to the health and safety of client and others.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT. You must provide written consent for therapist to release your PHI to a family member, friend, or other person. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request if I believe it would not be in client’s best interest but will make every attempt to honor client’s requests & protect confidentiality.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone, email, text, etc.) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to Request Your PHI.** You have the right to a summary of treatment. You can expect to receive your summary within 30 days of submitting your written request, and I may charge a reasonable, cost-based fee for doing so.
5. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake or missing information in your PHI, you have the right to correct the existing information or add the missing information.
6. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE: Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.