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Notice of Privacy Practices

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 Health Information Responsibilities

- I have a legal duty to protect the privacy of your health information and to give you this Notice.
- I have a duty to abide by my current Notice of Privacy Practices.

“Health information” means, generally, information about your past or present health status, condition, diagnosis, treatment, prognosis, or payment for health care.

Who will follow this notice

This notice describes my practice’s procedures and that of any employee or contracted staff authorized to have access to your information.

Your Health Information Rights

Restrictions on Use Disclosure This Notice describes some restrictions on how I can use and disclose your health information. You may ask me for extra limits on how I can use or to whom I can disclose the information. You need to make such a request in writing. I am not required to agree with your request. If I do agree, I will follow the restriction except:

- in an emergency where the information is needed for your treatment
- if you give me written permission to use or disclose your information
- if you decide or I decide to end the restriction, or
- as otherwise required by law.

It is your responsibility to pay for your sessions directly to the therapist. Should you desire to utilize insurance, I will provide you with a receipt of professional services for submission.

Alternative Communication Normally, I will communicate with you at the address and phone number you give me. You may ask me to communicate with you in other ways or at another location. I will agree to your request if it is reasonable.

Client Access You may request to look at or get copies of your health information. You need to make the request in writing. If you ask for copies in a format other than paper copies, I will give you that other format if practical. If you ask for copies, I may charge fees as allowed for by law. If you ask for your records in a format I can provide, I will charge a reasonable fee based on my costs. If your request is denied, I will send the

denial in writing. This will include the reason and describe any right you may have to a review of the denial.

Amendment You may ask me to change certain health information. You need to make your request in writing. You must explain why the information should be changed. If I accept your change, I will try to inform others (including people you list in writing) of the change. I will include the changes in future disclosures of your health information.

NOTICE OF PRIVACY PRACTICES:

Health Insurance Portability and Accountability Act (HIPAA)

The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation affects how records here are kept and managed. The services you are receiving here concern your psychological status, a most private and intimate component of your life, thus protecting your privacy is of utmost importance. This notice explains how, when and why I may use and/or disclose your records which are known under the HIPAA legislation as "Protected Health Information" (PHI). Except in specified circumstances, I will not release your PHI to anyone. When disclosure is necessary under the law, I will only use and/or disclose the minimum amount of your PHI necessary to accomplish the purpose of the use and/or disclosure.