

## Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices for Protected Health Information

This notice describes how information about you as a client of this practice may be used and disclosed and how you can obtain access to this information. Health care providers are required by a federal regulation, the HIPAA Privacy Rule, to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices. This office will not use or disclose your health information except as described in the Notice.

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of (1) treatment, (2) payment, and (3) healthcare operations. Protected health information is the information we create and obtain in providing our services to you. The health information about you is documented in a chart and on a computer. Such information may include documenting your symptoms, medical history, evaluation, test results, diagnoses, treatment, audio recordings, and applying for future care or treatment. It also includes billing documents for those services. Our office is also permitted to use or disclose health information in the following instances:

- 1) Appointment reminders and/or appointment changes.
- 2) Release of information to family or friends who are closely involved in your care.
- 3) Disclosure of information when required to do so by Federal, State, or local law.

**CONFIDENTIAL COMMUNICATIONS:** You may request that our Practice communicate with you in a particular manner or at a certain location. For example, you may ask that we contact you at home rather than at work. We will accommodate reasonable requests.

**RESTRICTIONS:** You may request a restriction in our disclosure of your health information for treatment, payment, or our healthcare operations. You may request a restriction to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request. You must include the information you wish to restrict, whether you are requesting to limit use, disclosure or both and to whom you want the restrictions to apply.

**INSPECTION AND COPIES OF RECORDS:** Psychotherapy records are excluded from the right of the client to access his/her health information. Copies of records can be sent with the written consent of the client to another therapist, doctor or attorney within fourteen days of receiving the request. Unclaimed records will be destroyed with full protection of identity seven years after the last face to face visit. The mailing address on record will be used to notify clients if the location of medical records should change, after which the client will have 90 days to respond.

**AMENDMENT:** You may request an amendment to your health information if you believe it is incorrect or incomplete. Such a request must be made on a form provided by the office. You must provide a reason for your request. We may deny your request.

**ACCOUNTING OF DISCLOSURES:** This is a listing of certain, non-routine disclosure of your information not for treatment, payment or operations purposes, disclosures made at your request, pursuant to an authorization signed by you, disclosure to family members or friends relevant to that person's involvement in your care or in payment for such care. You have the right to review this Notice before signing the acknowledgement authorizing use and disclosure of your protected health information for treatment, payment, and healthcare operations purposes.

**Our Responsibilities:** The office is required to maintain the privacy of your health information as required by law; to provide you with this notice as to our privacy practices as to the information we collect and maintain about you, to abide by the terms of this Notice, to notify you if we cannot accommodate a request, and accommodate reasonable requests regarding methods to communicate health information about you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protect health information. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by request.