



HIPAA 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 carefully. The privacy of your health information is important to us.

Federal and state law requires us to maintain the privacy of your health information. The law also requires us to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect April 14, 2003.

We reserve the right to change our privacy practices and the terms in this notice at anytime, provided such applicable law permits the changes. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make a new notice available upon request.

If you require a copy of our notice, please contact our director, Cathi Cohen, LCSW at the address and telephone number above.

USES AND DISCLOSURES OF HEALTH INFORMATION

Your protected health information may be used and disclosed by your therapist or our office staff for the purpose of treatment, payment, and health care operations.

TREATMENT : We may use and disclose your protected health information to provide, coordinate, or manage your health between our therapists. For example, if you see more than one therapist in our office, the therapists may discuss your case in order to provide you the most effective treatment. In addition, if you would like us to use and disclose your protected health information to treating professionals outside our office, to school personnel, or to other family members you may sign consent to exchange information. You may revoke this consent at anytime.

PAYMENT : With your authorization, your protected health information may be used to obtain payment for your health care services. For example, obtaining authorizations for treatment may require your relevant protected health information be disclosed to your health plan.

HEALTHCARE OPERATIONS : We may use and disclose your health information for our health care operations. Health care operations include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of health care professional, employee review activities, licensing, and conducting or arranging other business operations. For example, we may call you by name in the waiting room when your therapist is ready to see you.

We may use or disclose your protected health information in the following situations without your authorization: as required by law, abuse or neglect, legal proceedings. Under the law, we must make disclosures about you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).



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Other disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law.

YOUR RIGHTS

ACCESS : You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation, or use in a civil, criminal, or administrative action or, proceeding, and protected health information that is subject to law that prohibits access to protected health information. You must make a request in writing to obtain access to your health information. If you request copies, we will charge you a reasonable costbased fee that includes labor, copying costs, and postage.

RESTRICTIONS : You have the right to request that we place additional restrictions on our use or disclosure of your health information, as applicable by law. Any request for additional restrictions must be made in writing and signed by a person authorized to make such request.

DISCLOSURE ACCOUNTING : You have the right to request a list of instances in which we disclosed your health information over the last six years (but not before April 14, 2003). That list will not include disclosures for treatment, payment, (as authorized by you), or healthcare operations (as authorized by you).

ALTERNATIVE COMMUNICATION : You have the right to request that we communicate with you about your health care information by alternative means (i.e., electronically). You must make your request in writing, specifying the means you request.



NOTICE OF PRIVACY – SIGNATURE PAGE

Your signature below is only an acknowledgment that you have received this Notice of our privacy practices

Print Client's Name: _____

Authorized Signature: _____

Relationship to Client: _____

Date: _____