Notice of Privacy Practices

The privacy of your health information is important to us. We maintain the privacy of your health information and will not disclose your information to others unless you give us written authorization to do so or unless the law authorizes or requires us to do so.

A new federal law commonly known as HIPAA (Health Insurance Portability & Accountability Act) requires that we take additional steps to keep you informed about how we use information that is gathered to provide health services to you. As part of this process, we are required to provide you with the attached Notice of Privacy Practices and to request that you sign the attached written acknowledgment that you received a copy of the Notice of Privacy Practices. The Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. The Notice of Privacy Practices also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

If you have any questions about this Notice of Privacy Practices, please contact the Practice Manager at the location where you receive your services.

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

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information (“Protected Health Information” “PHI”). We must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about our privacy practices, or for additional copies of this notice, please contact the Client Rights Officer at the office you are receiving treatment.

# USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

1. **Permissible Uses and Disclosures Without Your Written Authorization**. We may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section III, for certain purposes described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.
   1. **Treatment**: We may use and disclose PHI to provide treatment to you. For example, we may use PHI to diagnose and provide counseling service to you. In addition, we may disclose PHI to other health care providers involved in your treatment.
   2. **Payment:** We may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, we may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
   3. **Health Care Operations**: We may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, research, accreditation, certification, licensing, or credentialing activities. We may also send you correspondence or call you for appointment reminders.
   4. **Required or Permitted by Law**: We may use or disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, we may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, correctional institutions, and Bureau of Worker's Compensation; or otherwise as authorized by law.

# Uses and Disclosures Requiring your Written Authorization

* 1. **Marketing Communications:** We will not use your health information for marketing communications without your written authorization.
  2. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I.A above will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company, to a school, to your attorney, or to discuss your health information with anyone not listed in Section I above. You may revoke any such authorization at any time in writing.

1. **Psychotherapy Notes:** Notes recorded by your clinician documenting their session with you (“Psychotherapy Notes”) belong to the clinician and are not a part of the medical record. As such, psychotherapy notes are not disclosed.

# YOUR INDIVIDUAL RIGHTS

1. **Right to Inspect and Copy.** You may request access to your medical record and billing records maintained by us to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you any records requested.
2. **Right to Alternative Communications**. You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
3. **Right to Request Restrictions**. You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You must request such restrictions in writing to the Client Rights Officer. We are not required to agree to any such restriction you may request.
4. **Right to Accounting of Disclosures**. Upon written request, you may obtain an accounting of certain disclosures of PHI made by our practice after April 14, 2003. This right applies to disclosures otherwise authorized by you and is subject to other restrictions and limitations.
5. **Right to Request Amendment.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. Our practice may deny your request under certain circumstances.
6. **Right to Obtain Notice**. You have the right to obtain a paper copy of this Notice by submitting a request t to the Client Rights Officer at any time.
7. **Questions and Complaints**. If you desire further information about your privacy rights or are concerned that we have violated your privacy rights, you may contact the Client Rights Officer at the office where you currently receive treatment. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health, and Human Services. We will not retaliate against you if you file a complaint with the Director or our office.