



NOTICE OF PRIVACY PRACTICES

Effective Date: July 2, 2018

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.

Each time you visit, a record of your visit is made. This record typically contains information regarding symptoms, observations, assessments (including test results and diagnoses), plans for future treatment, and billing information. This Notice of Privacy Practices (NPP) describes how we may use and disclose your information. It also describes your rights and our responsibilities regarding the use and disclosure of your information. This NPP applies to all records generated or maintained by this practice.

OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

We are required by law to protect the privacy of your health information. We are providing you with this NPP and agree to abide by the terms of the NPP currently in effect. We will notify you if we are unable to agree to any of the restrictions you request on the use or disclosure of your information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR THE PURPOSES OF PROVIDING SERVICES

Each of the uses and disclosures listed immediately below requires your *written* permission. *Whenever you provide us with the permission to use or disclose information, you may withdraw that permission at any time.* Providing treatment services, collecting payment, and conducting health care operations are necessary activities for quality care. State and Federal laws allow us to use and disclose your health information for these purposes:

- A. Treatment and Supervision:** We will ask for your *written* permission to use your health information in order to provide, manage, and coordinate your services. For example, your health information may be requested by other health care providers who are directly involved in your treatment, including your Primary Care Physician or Psychiatrist.
- B. Payment:** We will ask for your *written* permission to use and disclose information regarding the services provided to you in order to bill and collect payment from you. For example, your health information may be used to verify insurance and coverage, to process claims, and to collect fees.
- C. Other Uses and Disclosures:** In addition to the above, we will require your *written* permission for us to use or disclose your medical information in the following cases:
 - We refer you to another health care provider (such as a physician). We will ask for you to authorize our sending your information to them so that they have the information needed to diagnose or treat you.



- If you request we disclose your health information to *anyone*, including other health care and/or educational professionals, friends, and/or family members who are involved in your care. If your written permission is not obtained and you are not present and able to agree or object, such communications shall be made by us only when in the counselor's professional judgement, such disclosure is necessary and in your best interest.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR WRITTEN PERMISSION

In certain situations we may disclose your health information without your written permission. For example, it may necessary to disclose some information about you in an emergency. We may also use or disclose your health information without your written permission:

- 1. When Required By Law:** We may be required by law to disclose information to the following types of entities, including but not limited to:
 - a. Worker's Compensation Agents
 - b. Military Command, National Security, of Intelligence Authorities
 - c. Health Oversight Agencies
 - d. Public Welfare Agencies charged with the investigation or prevention of abuse or neglect of children or dependent adults/elders
 - e. Law Enforcement Agencies
- 2. Health Care Operations:** Your health information may be used or disclosed in the ordinary course of our health care operations for the following purposes:
 - a. Review of treatment procedures
 - b. Review of business activities
 - c. Certification
 - d. Staff training
 - e. Compliance and licensing activities
 - f. Appointment scheduling

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The Right to Inspect and Copy Records: You have the right to inspect and have copies of the health care information we use to make decisions about your care. Usually, this includes health and billing records, but does not include some records such as psychotherapy process notes. Your request to inspect and copy must be submitted in writing. You may also request in writing that we release your records to someone else and you may revoke such request in writing. However, such revocation is not effective to the extent that we have already relied upon the previous authorizations. There is a \$25 fee for the copying of records.

The Right to Amend: If you believe the information we have about you is incorrect or incomplete, you may ask us to change the information. Any request to change the information in your record must be submitted in writing. You will be asked to provide a reason for the request and we will decide whether to



amend the record within 14 days. If your request is denied, you have the right to file a disagreement statement which will be added to your record.

The Right to Request Where/How We Contact You: You have to right to request where we contact you and whether/how we can leave a message for you. This includes electronic means by texting, email, telephone, fax, and/or other internet means.

The Right to an Accounting of Disclosures: You have the right to receive a list of the disclosures made of your health information. This list will not include disclosures made prior to the effective date of this NPP, disclosures that you have specifically authorized in writing, disclosures made for treatment, payment, or health care operations, or disclosures made for national security and/or law enforcement, Requests for this list must be submitted in writing.

The Right to Request Confidential Communication: You have the right to ask to be communicated with in a certain way or at certain locations. We will accommodate all reasonable requests. Unless otherwise instructed, phone calls to you for the purposes of scheduling or cancelling sessions and mailings to you for the purposes of billing will be directed to the primary phone number(s), home and/or cell, and home address that you provide. Requests for alternative modes or locations of communication must be submitted in writing.

The Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice. You may ask for a copy at any time.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint by contacting our privacy officer, Jonathan Hart at (586) 244-8211. You may also contact the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this NPP at any time. Any revised NPP will be effective for information we already have about you as well as for information we receive in the future. Should our practices change, we will post a revised NPP in the office. Paper copies will be available upon request.

QUESTIONS AND INFORMATION

If you have any questions about this notice, you may contact Jonathan Hart at (586) 244-8211.