
HIPAA Notice of Privacy Practices

This notice describes how information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please feel free to discuss them with me, your therapist, at any time.

Our Privacy Commitment to You: Your privacy is of utmost importance to me. The information you provide during our work together will be held to the highest levels of confidentiality. I am required by law to give you a notice of my privacy practices and to maintain the privacy of your confidential information. Unless you give us permission in writing, we will only disclose your information when we are ethically or legally required to do so. Your signature at the bottom of the *Informed Consent* form indicates that you have received a copy of this notice.

Your Confidential Information: This notice applies to the information and records I have about your counseling, mental health status, and the care and services you receive at this office.

How Your Confidential Information May Be Used and Disclosed: As outlined in the *Informed Consent* and *Client Rights* paperwork, your private healthcare information may be used or disclosed without your permission for the following purposes, subject to all applicable legal requirements and limitations:

1. **To Avert a Serious Threat to Health or Safety:** I may use and disclose confidential information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person. I may also disclose information relative to the disclosure of past or present knowledge of child abuse or abuse of the elderly or the disabled.
2. **Required By Law:** I will disclose health information about you when required to do so by federal, state or local law.
3. **Other Uses and Disclosures of Health Information:** Other situations in which I may use very limited disclosure of your private health information is in the event that I need to make a claim on a delinquent account via a collection agency or in the event of a medical emergency in order to ensure that emergency medical care is rendered.

I will not use or disclose your confidential information for any other purpose other than identified in the previous sections without your specific, written permission. I must obtain your permission separate from any *Informed Consent* you may have signed previously. If you choose to give me permission to use or disclose confidential information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose information about you for reasons covered by your written permission, but I cannot take back any uses or disclosures already made with your permission.

Your Privacy Rights: You have the following rights regarding health information I obtain about you:

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as progress notes and billing records with a written request. I may deny your request to inspect or copy your records in certain limited circumstances in which viewing the material might be detrimental to your mental or emotional health or if it would be counterproductive to your therapy goals.

Right to Amend: If you believe information I have about you is incorrect or incomplete, you may ask that it be amended. You have the right to request an amendment as long as the information is kept by this office and the request is in writing.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures I make of confidential information about you. To obtain this list, you must submit your request in writing. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list, e.g., paper, electronic, etc.

Right to Request Restrictions: You have the right to request a restriction or limitation on the confidential information I use or disclose about you. I am not required to agree to such requests.

Right to Request Confidential Communications: You have the right to request that I communicate with you about treatment matters in a certain way or at a certain location. For example, you may ask that I only contact you at work or by mail. I will not ask you the reason for your request and will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice and will be provided one at your first session. You may ask for additional copies of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

Changes to This Notice: I reserve the right to change this notice and to make the revised changed notice effective for confidential information I already have about you as well as any information I receive in the future. You will receive a summary of the revised or changed notice from your therapist.

Complaints and Communications to the Federal Government: If you believe that your privacy rights have been violated, you have the rights to file a complaint with the federal government. You may write to:

Office for Civil Rights
U.S. Dept of Health & Human Services
150 S Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Email: ORRComplaint@hhs.gov

You will not be penalized for filing a complaint with the federal government.