



Notice of Privacy Practices

This notice will explain how your private information may be used or disclosed and how you may access it based on current law. Please review carefully.

Our Commitment:

As a part of providing professional care to you, we will maintain the privacy of your “protected health information” (PHI). State and federal law requires that your PHI be protected and that you be notified in case of any breach.

Use & Disclosure:

Your PHI may be disclosed for 3 uses.

- a. Treatment- Your PHI is used to provide services to you or coordinate with other providing treatment for you.
- b. Payment: Your PHI may be used to obtain payment in the form of a bill or receipt for reimbursement.
- c. Health Care Operations: This refers to use outside or care and payment such as improving care or government reporting. Your personal information would be protected.

Uses & Disclosures that require your consent:

The use of your PHI for any reason not described above, requires your authorization, or written permission. This could look like a release for a doctor or family member. Your personal information will be used as little as possible.

Uses & Disclosures that do not require your consent:

- a. When required by law: suspected abuse of a child/elder/ dependent or if a judicial subpoena is received.
- b. When requested by law enforcement investigating a crime.
- c. When requested by public health agencies investigating disease/injury.
- d. When related to a deceased individual (i.e. a coroner).
- e. When requested by government benefit programs or workers’ compensation or disability programs.
- f. When preventing serious threat to health or safety:
If we believe that you are a serious threat to yourself or another person, we can disclose PHI to prevent danger.

Opportunity to Object:

Note that you may object to the use/disclosure of your PHI. Any authorization may be rescinded. Therapist will keep record of any use/disclosure of PHI.

Your Rights:

- a. Right to restrict use: You may request a restricted use of your PHI. We are not required to agree
- b. Right to receive confidential communications: You may request



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- information through alternative means/locations. We will attempt to fulfill this request.
- c. Right to inspect & copy PHI: You may request access to your PHI unless it is deemed as harmful. This may require a cost.
 - d. Right to amend: You may request that your PHI be changed if you find it inaccurate. We are not required to fulfill this request.
 - e. Right to receive an accounting of disclosures: You may request a record of PHI disclosures. This may require a cost.
 - f. Right to request restrictions: You may request restrictions on the use of your PHI. We are not required to adhere to these requests.
 - g. Right to name a personal representative: You may appoint a representative to have access to your PHI and facilitate services.
 - h. Right to a copy of this notice: You may request a paper copy of this notice.

*If you have an issue with how your PHI is handled or believe that your right to privacy has been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave SW, Washington, DC 20201 or call 202-619-0257. You may also discuss concerns with your care provider. Your care will not be affected by any complaints or changes.