

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.

NOTICE OF PRIVACY PRACTICES

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and my professional ethics. If you have any questions I will be happy to help you understand my procedures and your rights.

A. Introduction - To my clients

This Notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this Notice, please ask me for more explanations or more details.

B. What I mean by your medical information

Each time you visit me or any doctor's office, hospital, clinic, or any other of what are called "healthcare providers", information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from me or from others, or about payment for healthcare. The information I collect from you is called, in the law, PHI, which stands for Protected Health Information. This information goes into your medical or healthcare record or file at my office.

In this office this PHI is likely to include these kinds of information:

- *Your history.* As a child, in school, at work, marriage and personal history.
- *Reasons you came for treatment.* Your problems, complaints, symptoms, or needs.
- *Diagnoses.* Diagnoses are the medical terms for your problems or symptoms.
- *A treatment plan.* A list of the treatments and any other services that I think will be best to help you.
- *Routine progress notes.* Each time you come in I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters
- Billing and insurance information

C. Privacy and the laws

We are also required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires me to keep your Personal Healthcare Information (or PHI) private and to give you this notice of my legal duties and my privacy practices, which is called the Notice of Privacy Practices (or NPP). I will obey the rules of this notice as long as it is in effect, but if I change it the rules of the new NPP will apply to all the PHI I keep. If I change the NPP I will post the new Notice in my office where everyone can see.

D. How your protected health information can be used and shared

When your information is read by me or others in this office, and used by me to make decisions about your care, this is called, in the law, "use." If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." Except in some special circumstances, when I use your PHI here or disclose it to others I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed (shared), and so I will tell you more about what I do with your information. We use and disclose PHI for several reasons. Mainly, I will use and disclose it for routine purposes and I will explain more about these below. For other uses I must tell you about them and have a written Authorization from unless the law lets or requires me to make the

disclosure without your authorization. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

In general, it is our policy to obtain written authorization for release of information prior to making a disclosure. You may revoke an authorization at any time, except to the extent that we have already acted on it

Uses and disclosures of PHI in healthcare with your consent

After you have read this Notice you will be asked to sign a separate Consent form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called health care operations. Together these routine purposes are called TPO, and the Consent form allows me to use and disclose your PHI for TPO.

a. For treatment, payment, or health care operations.

- **For treatment.** I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of my services.
- **For payment.** We may use your information to bill you, your insurance, or others so I can be paid for the treatments I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your condition. I will need to tell them about when we met, your progress, and other similar things. This is especially true when using managed care insurance
- **For health care operations.** There are a few other ways I may use or disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. In rare cases, I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.
- **Appointment Reminders.** I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work or prefer some other way to reach you, I usually can arrange that. Just tell us. There is a place to note this on my Agreement for Psychotherapy Services form.
- **Business Associates.** There are some jobs I hire other businesses to do for me. In the law, they are called my Business Associates. Examples might include a billing service that figures out, prints, and mails my bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with me to safeguard your information.

Uses and disclosures of PHI from mental health records that don't require a Consent or Authorization

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when I might have to share your information.

When required by law there are some federal, state, or local laws, which require me to disclose PHI.

- We have to report suspected child abuse.
- If I feel you may harm yourself or others.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- We have to disclose some information to the government agencies, which check on me to see that I am obeying the privacy laws.
- For law enforcement purposes, we may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

E. Your rights regarding your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information I have about you such as your medical and billing records, but you must make your request in writing.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell me the reasons you want to make the changes. I will respond within 60 days of receiving your request. I may deny your request if the health information is a) correct and complete, b) not created by us, c) not allowed to be disclosed, or d) not part of my records.
5. You have the right to a copy of this notice. If I change this NPP I will post the new version in my waiting area and you can always get a copy of the NPP from me, or from my website.
6. You have the right to file a complaint if you believe your privacy rights have been violated.

F. If you have questions or problems

If you need more information, have questions about the privacy practices described above, or have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact me. You have the right to file a complaint with me and with the Secretary of the federal Department of Public Health. I promise that I will not in any way limit your care here or take any actions against you if you complain. If you have any questions regarding this Notice or my health information privacy policies, please contact me at 860-966-1959 or in writing at 682 Prospect Ave. Hartford CT, 06105.