

NOTICE OF PRIVACY PRACTICES

This notice is effective 04/14/03

This notice describes how personal information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Purpose of this notice:

This notice is covered under the Health Insurance Portability & Accountability Act (HIPPA). Any state law that is more stringent than the HIPPA rules and regulations has priority. This office is required by law to maintain the privacy of certain confidential health care material, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how we are permitted to use and disclose PHI about you.

PHI means any information that identifies you including relatively impersonal information such as your name and address to very personal information contained in psychotherapy notes.

This office is required to follow the privacy practices described in this notice, though we reserve the right to change our privacy practices and the terms of this notice at any time. If we do so, we will post a new notice in each office waiting area. You may review a copy of the new notice from any office staff.

We use and disclose PHI for a variety of reasons, For most uses/disclosures, we must obtain your consent, however the law provides that we are permitted to make some uses/disclosures without your consent. The following offers a more detailed explanation with examples:

Uses and Disclosures Not Requiring Your Consent:

Treatment: When we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician, psychiatrist or another mental health professional.

Payment: When we obtain reimbursement for your healthcare. An example is when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations: Activities that relate to the performance and operation of my practice. An example is quality assessment and improvement activities, business related matters such as audits and administrative services case management and care coordination.

Uses and Disclosures Requiring Authorization:

For uses and Disclosures beyond treatment and operations purposes we are required to have your written authorization (signed permission), unless the use or disclosure falls within on of the exceptions described above. An example would be contact with other family members, attorneys, employers, etc.

We will also need to obtain an authorization before releasing your psychotherapy notes, which are notes made about our conversation during a private, group, joint or family counseling session and which I have kept separate from the rest of your mental health record. These notes are given a greater degree of protection than PHI.

You may revoke all such consents/authorization to the extent that (1) I have already relied on that authorizations at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already relied on that authorization; or (2) if the authorization was obtained as a

condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization:

The law provides that we may use/disclose your PHI without consent or authorization in the following circumstances:

- Suspected Child and/or Adult Abuse
- Serious Threat to Health or Safety (intended suicide or homicide)
- In Response to a Court Order
- Workers Compensation Cases

We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

Your rights regarding your protected health information:

You have the following rights relating to your protected mental health information:

Right to request restrictions: You have the right to request restrictions on certain uses and disclosures of PHI about you. However, we are not required to agree to a restriction you request.

Right to receive confidential communications by alternative means and at alternative locations: You have the right to request and receive confidential communication of PHI at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon on your written request, I will send your bills to another address.)

Right to inspect and copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes of my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request process.

Right to amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

Right to accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (section IV of this notice). On your request, I will discuss with you the details of the accounting process.

To receive this notice: You have a right to receive a paper copy of this notice.

How to complain about our privacy practices:

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact the person listed below or send a written complaint to the Secretary of the U. S. Department of Health and Human Services.

Sandra Alexander (937) 207-4996