

HIPPA PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

We are committed to protecting your privacy and that of your medical records. However, we may have to use or disclose medical information as outlined below:

- **For the purpose of providing medical treatment and psychotherapy:**
Information may be shared among staff in this office and with other providers outside of this office if they are involved in your treatment.
- **For the purpose of payment:**
We may disclose information about you for billing and collection. This may involve an insurance company, a family member, a collection agency, or any third party that may be involved in payment for your care.
- **For office operations:**
We may use and discuss medical information about you among staff to ensure quality care and facilitate coordination of psychotherapy and medical care.
- **For appointment reminders:**
We may call you, speak to you or leave a message with someone or on an answering machine regarding your upcoming appointment.
- **For authorization of initial treatment or continuation of treatment:**
We may disclose medical information to insurance companies, HMO's or managed care companies in order to obtain approval for treatment plans.
- **As required by law:**
We will disclose medical information about you if required by law.
- **To avert serious threat to health or safety:**
We may disclose medical information about you to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- **Workers Compensation and Disability:**
We may release medical information about you to Worker's Compensation programs, disability, insurers, or Social Security Administration. In certain instances, such information may be released to your employer.
- **Public health risks:**
We may disclose medical information about you in cases of child abuse or neglect, domestic violence, and any potential risk.
- **Health oversight activities:**
We may disclose medical information to health oversight agencies for activities authorized by law such as audit, investigations, inspections, and licensure.
- **Legal matters:**
We may disclose medical information about you to attorneys, courts, or other agencies authorized by a court ordered warrant, summons, subpoena, discovery or request, or to assist in an investigation

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- **Right to inspect and copy:**
You have the right to inspect and request a copy of your medical record as well as your billing record. You must submit a written request and pay for the cost of copying your records.
- **Right to amend:**
If you feel the medical information contained in your record is incorrect or incomplete, you have the right to ask to amend the information. You must submit a written request and provide a reason for the request.
- **Right for an accounting of disclosures:**
You have the right to request, in writing, a list of disclosures we made of medical information about you within a period not exceeding six years.
- **Right to request restrictions:**
You have the right to request, in writing, a restriction or limitation on medical information we use to disclose about you.
- **Right to request confidential communication:**
You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location.
- **Right to a paper copy of this notice upon your request**