

HIPAA Notice of Privacy Practices

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

WHAT I AM REQUIRED TO DO:

I am required by applicable federal and state laws to maintain the privacy of your health information. I am also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this notice while it is in effect.

I reserve the right to change the Notice at any time, provided changes made are applicable to the law. I reserve the right to make changes in our privacy policy and the new terms of the policy will be effective for all health information that I maintain, even the information created or received before the policy was changed. Before any significant changes are made to the policy, I will change this notice and make the new notice available upon request.

You may request a copy of this notice at any time. For more information about our privacy practices, or for additional copies of his notice, please contact me using information listed at the end of this notice.

Private Health Information may be used and disclosed in the following circumstances:

PAYMENT: Information that is necessary in order to file insurance claims and successfully complete all billing and collection procedures.

TO YOUR FAMILY AND FRIENDS: Unless directly involved in your treatment or responsible for the payment of your account, your healthcare information cannot be disclosed to family or friends without your written prior approval. The only exception to this policy is if you become a danger to yourself or others, I may notify your friends or family members.

MARKETING HEALTH-RELATED SERVICES: I will not use your health information for marketing communications without your written prior consent.

REQUIRED BY LAW: I may disclose your health information when required by law to do so.

ABUSE OR NEGLECT: Your Private Health Information will be disclosed to appropriate authorities if I reasonably believe that you are a possible victim of abuse or neglect, or domestic violence or the possible victim of other crimes. I may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY: I may disclose to military authorities the health information of Armed Services personnel under certain circumstances. I may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence or other national security activities. Under certain circumstance, I may disclose your health information to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients.

APPOINTMENT INFORMATION REMINDERS: I may use or disclose your health information to provide you with appointment reminders such as voice-mail, text messages, email, postcards or letters.

PATIENT RIGHTS

YOUR AUTHORIZATION: In addition to the uses listed above, you may give written authorization to use your health information or to disclose it to any other professional for professional purposes. If you give a written authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give a written authorization, I cannot use or disclose your health information for any reason except those described in this notice.

ACCESS: You have the right to review or get copies of some of your health information by signing a written release. If needed, interpretation of the records will be provided for reasonable cost-based fee of \$520. Requests for records will be honored within 30-60 days.

DISCLOSURE ACCOUNTING: You have the right to request a listing of all instances in which your health information was released for purposes other than treatment, payment, healthcare operations and certain other activities. If you request this accounting more than once in a 12 month period, you may be charged a reasonable cost-based fee for responding to these additional requests.

AMENDMENT: You have the right to request that amending to your health information. Your request must be in writing, and it must explain why the information should be amended. Your request may be denied under certain circumstances.

As a private practitioner, I have the responsibility to make each client aware of the Privacy Notice and make the necessary changes to the Privacy Notice that are required by law.

If you as the client feel your privacy has been violated, you have the right to contact the U.S. Department of Health & Human Services Office of Civil Rights at www.hhs.gov/ocr/hipaa/.