

Notice of Privacy Practices

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.

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 our code of professional ethics. Because the rules are so complicated, some parts of this notice are very detailed so please read carefully. If you have any questions, I will be happy to help you understand our procedures and your rights.

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A. Introduction: To our clients

This notice will tell you how we manage your medical information. It explains how we use this information here in our office, how we share it with other professionals and organizations, and how you can access it. If you have any questions or want to know more about anything in this notice, please ask for more explanations or details.

B. What we mean by your medical information

Each time you visit us, or any doctor's office, hospital, clinic, or other health care provider, 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 us or from others, or about payment for health care. The information we collect from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in our office.

In this office, your PHI is likely to include the following information:

- _ Your history: Things that happened to you as a child; your school and work experiences and other personal history.
- _ Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- _ Diagnoses: These are the medical terms for your problems or symptoms.
- _ A treatment plan: This is a list of the treatments and other services that we think will best help you.
- _ Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- _ Records we get from others who have treated 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

We use PHI for many purposes. For example, we may use it:

- _ To plan your care and treatment.
- _ To decide how well our treatments are working for you.
- _ When we talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- _ To show that you actually received services from us which we billed to you.
- _ For teaching and training other health care professionals.
- _ For medical or psychological research.
- _ For public health officials trying to improve health care in this area of the country.
- _ To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in our office are our physical property, the information they contain belongs to you. You can read your records, and if you want, a copy can be made for you (but we may charge you for the costs of copying and mailing if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some rare situations we don't have to agree to do that. If you want, we can explain more about this.

C. Privacy and the laws about privacy

We are required to tell you about privacy because of a federal law, the **Health Insurance Portability and Accountability Act of 1996** (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices. We will obey the rules described in this notice. If we change our privacy practices, they will apply to the entire PHI we keep.

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

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we 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, to know how it is used, and to have a say in how it is shared. So we will tell you more about what we do with your information.

Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures with your consent

After you have read this notice, you will be asked to sign a separate consent form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called “health care operations.”

In other words, we need information about you and your condition in order to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. If you do not agree and consent, we cannot treat you.

a. The basic uses and disclosure: For treatment, payment, and health care operations

Next we will tell you more about how your information will be used for treatment, payment, and health care operations. For treatment, we 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 our services.

We may share your PHI with others who provide treatment to you. We are likely to share your information with your personal physician. If a team is treating you, we can share some of your PHI with the team members so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

For payment. We may use your information to share with your insurance company in compliance with the NJ Peer Review Law, which limits the information we can send. We do not accept insurance, but can provide information for you to submit to your insurance company.

2. Uses and disclosures that require your authorization

If we want to use your information for any purpose besides those described above or for insurance, we need your permission on an authorization form. We don't expect to need this very often. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

3. Uses and disclosures that do not require your consent or authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might do this.

a. When required by law

There are some federal, and state or local laws that require us to disclose PHI:

- We have to report suspected child abuse. If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process from a Court of law, we may have to release some of your PHI. We 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 that check on us to see that we are obeying the privacy laws.

b. For law enforcement purposes - We may release medical information if asked to do so by law enforcement officials investigating a crime or criminal offense.

c. For public health activities - We may disclose some of your PHI to agencies that investigate diseases or injuries.

d. Relating to decedents - We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to Workers Compensation and disability programs, and to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

4. Uses and disclosures where you have an opportunity to object

We can share some information about you with your family. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them, about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency, and we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

E. Your rights concerning your health information

1. You can ask us 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. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.

2. You have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.

3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you.

4. If you believe the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and. You must also tell us the reasons you want to make the changes.

5. You have the right to a copy of this notice. If we change it, we will notify you and give you a copy of the new policy.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with us, the NJ Division of Consumer Affairs, and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

F. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to us. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact us immediately. As stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or our privacy policies, please contact me.

Signature of Patient

Date

Signature of Parent/Guardian

Date