Schwartz
Therapy + Wellness, P.C.
small steps every day

30800 Telegraph Road • Suite 1775 • Bingham Farms, MI 48025
P: 248.629.0709 • F: 248.645.1808 • E: mallory@schwartztherapy.com • W: www.schwartztherapy.com 3/19

HIPAA 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 READ IT CAREFULLY.

This notice is effective as of June 22, 2015. We are required by law to maintain the privacy of protected health information and must inform you of our privacy practices and legal duties. You have the right to obtain a paper copy upon request.

Use and disclosure of your protected health information that we may make to carry out treatment, payment, and health care operations

We may use information in your record to provide treatment for you. We may disclose information in your record to help you get health care services from another provider, a hospital, or other health organizations. We may use or disclose information from your file to obtain payment for the services you receive. For example, we may submit your diagnosis with a health insurance company to demonstrate that they should cover the service. We may use or disclose information from your record to allow "health care operations." These operations include activities like reviewing records to see how care can be improved, contacting you with information about treatment alternatives, and coordinating care with other providers.

Your Rights

You have a right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us. You have a right to inspect your record, and may obtain a copy of it. If you believe the information in your file is inaccurate or incomplete, you may request an amendment of the information. You must submit sufficient information to support your request for an amendment. This request must be provided in writing. You have the right to request an accounting of certain disclosures made by us.

Except as described in this Notice, we may not make any use of or disclose any information from your record unless you give your written authorization. You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by us before the revocation.

Use or disclosure of your protected health information that we are required or permitted to make without your permission

There are certain situations where we are required or allowed to disclose information from

30800 Telegraph Road • Suite 1775 • Bingham Farms, MI 48025
P: 248.629.0709 • F: 248.645.1808 • E: mallory@schwartztherapy.com • W: www.schwartztherapy.com

your record without your consent. In these situations, we must use our professional judgment before disclosing information about you. Usually, we must determine that the disclosure is in your best interest, and may have to meet specific guidelines and limitations.

If you receive mental health care, including treatment for substance abuse, information related to that care may be more protected than other forms of health information. Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law. For example, psychotherapists still must report suspected child abuse and may have to breach confidentiality if you appear to pose an imminent danger to yourself or others.We may use or disclose information from your record if we believe it is necessary to prevent or lessen a serious and imminent threat to the safety of a person or the public.

We may report suspected cases of abuse, neglect, or domestic violence involving adult or disabled victims. We may disclose information from your record if ordered to do so by a court, grand jury, or administrative tribunal. Under certain conditions, we may disclose information in response to a subpoena or other legal process, even if a court does not order this. We may disclose information from your record to a law enforcement official if the circumstances meet certain criteria. If you tell us that you have committed a violent crime that caused severe physical harm to the victim, we may disclose that information to law enforcement officials. However, if you reveal that information in a counseling or psychotherapy session, or during the course of treatment for this sort of behavior, we may not disclose the information to law enforcement officials.

If you have a complaint regarding our privacy notice, our privacy practices, or any aspect of our privacy activities you may direct your complaint to:

Review Committee
Schwartz Therapy + Wellness, P.C.
30800 Telegraph Road, Suite 1775
Bingham Farms, MI 48025
248.629.0709

This notice and any alterations made hereto will expire seven years after the date upon which the record was created.

VERIFICATION OF RECEIPT OF HIPAA PRIVACY NOTICE AND AUTHORIZATION FOR CONTACT

Schwartz
Therapy + Wellness, P.C.
small steps every day

30800 Telegraph Road • Suite 1775 • Bingham Farms, MI 48025
P: 248.629.0709 • F: 248.645.1808 • E: mallory@schwartztherapy.com • W: www.schwartztherapy.com

Client Contact Information for Messages + Written Correspondence

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made to alternative means, such as sending correspondence to the individual's office instead of the individual's home. Schwartz Therapy + Wellness, P.C. has permission to contact me at the following:

Check all that apply:

☐ Home telephone number: _____
- ☐ OK to leave a message with detailed information
- ☐ Ok to leave a message with other family members

☐ Cell Phone number: _____
- ☐ OK to leave a message with detailed information
- ☐ Ok to leave a message with person answering
- ☐ OK to communicate via text message

☐ Work Telephone number: _____
- ☐ OK to leave a voicemail message with detailed information
- ☐ OK to leave a message with: _____

☐ Written Communication
- ☐ OK to mail to my home address
- ☐ OK to Email me at: _____
- ☐ Ok to fax to this number: _____

☐ Other: _____

This agency recognizes that a great deal of communication is conducted through the use of cell phones, text messages/messaging programs, email, and other electronic means. To

30800 Telegraph Road • Suite 1775 • Bingham Farms, MI 48025
P: 248.629.0709 • F: 248.645.1808 • E: mallory@schwartztherapy.com • W: www.schwartztherapy.com

make communication convenient, your therapist may agree to communicate with you via any of these options AT YOUR OWN RISK and with certain limitations. Your therapist will make reasonable attempts to protect your confidentiality. Please be aware however, that confidentiality cannot be protected with the same level of privacy as communicating in person with your therapist. By signing this policy, you understand and agree that this agency will not be held responsible for the confidentiality and privacy of any communication conducted outside of the physical office and those limitations specified by HIPPA. Also, you acknowledge and understand that your therapist has no obligation to engage in any communication outside of the office in-person sessions, but will strive to address all communication promptly when possible.

By signing below, I authorize the above as means and ways to disclose my PHI. By signing below, I also verify again that I have been given a copy of the Notice of Privacy Practices (HIPAA) upon request.

Date: _____

Client Printed Name: _____

Client or Legal Guardian's Signature: _____