

Marie Murad-Feldman M.A., L.C.P.C.

## 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 This Notice Carefully

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. Protected Health Information (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. The confidentiality of alcohol and drug abuse client records is specifically protected by Federal law. I am required to comply with these restrictions. I am also required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change this Notice of Privacy Practice at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time and a copy will be made available to you.

### How I May Use And Disclose Health Information About You

Listed below are examples of the uses and disclosures that I may make of your PHI. These examples are not meant to be exhaustive, but describe the types of uses and disclosures that may be made.

### Uses and Disclosures of PHI for your Treatment, Payment and Health Care Operations

#### Treatment

Your PHI may be used and disclosed by your Physician, Therapist and others who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and any related services. This includes coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care treatment. If you are in a substance abuse treatment program, except for emergency services, your PHI will not be sent to any outside health care providers without your written authorization.

#### Payment

Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If you are in a substance abuse treatment program, I will not use your PHI to obtain payment for your health care services without your written authorization.

### Healthcare Operations

I may disclose PHI to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities, reviewing the quality and competence of healthcare professionals, or for healthcare fraud and abuse detection or compliance.

### Other Uses and Disclosures That Do Not Require Your Authorization

Required by Law I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law I must make disclosures of your PHI to you upon your request. In addition I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

### Health Oversight Activities

I may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance (such as third-party payors).

### Abuse or Neglect

I may disclose your PHI to a state agency that is authorized by law to receive reports of child abuse and neglect and/or elder abuse and neglect.

### Deceased Clients

I may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

### Law Enforcement

For substance abuse clients I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me personally.

### Subpoena / Court Order

I may disclose your PHI if the court issues an appropriate order and follows required procedures.

### Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization at any time, unless I have taken an action in reliance on the authorization.

### Your Rights Regarding Your Protected Health Information

Your rights to your PHI are explained below. A brief description of how you may exercise these rights is included.

#### You have the right to inspect and copy your PHI

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as I maintain the record. A “designated record set” contains medical and billing records that I use for making decisions about you. Your request must be in writing, except if you are in a mental health treatment program in which case I will accept a verbal request. I may charge a reasonable cost-based fee for copies. I can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right to appeal the denial to access.

#### You may have the right to request amendment of your PHI

You may request in writing that I amend PHI that has been included in a designated record set. In certain cases I may deny your request for amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and provide you with a copy of it.

#### You have a right to receive an accounting of some types of PHI disclosures

You may request an accounting of disclosures for a period of up to six years (excluding disclosures made to you, made for treatment purposes, made as a result of your authorization, and certain other disclosures). I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

#### You have a right to receive a paper copy of this notice

You have a right to obtain a copy of this notice from me. Any questions should be directed back to me.

#### You have the right to request added restrictions on disclosures and uses of your PHI

You have the right to ask me not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and I am not required to agree to such restrictions.

#### You have a right to request confidential communications

You have the right to request to receive confidential communications from me by alternative means or at an alternative location. I will accommodate reasonable, written requests. I may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. I will not ask you why you are making the request.

You have a right to file complaints with the U.S. Dept. of Health & Family Services.

