**HIPPA: 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 BECAUSE YOU WILL BE ASKED TO SIGN A “PRIVACY PRACTICES ACKNOWLEDGEMENT” FORM AFTERREADING THIS LETTER BUT YOU ARE NOT OBLIGATED TO SIGN IT.** THIS IS CALLED A HIPPA FORM. ALL CLIENTS MUST RECEIVE A COPY OF THIS HIPPA NOTICE AT THEIR FIRST APPOINTMENT.

My responsibility:

The confidentiality of your personal health information is very important to me. Your health information includes records that I create and obtain when I provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatment and referrals for further care. It also includes bills, insurance claims, or other payment information that I maintain related to your care.

This Notice describes how I handle your health information and your rights regarding this information. Generally speaking, I am required to:

* Maintain the privacy of your health information as required by law.
* Provide you with Notice of my duties and privacy practices regarding the health information about you that I collect and maintain;
* Follow the terms of my Notice currently in effect as of June 1, 2017.

I am required by federal and state law to maintain the privacy of your health information. I am also required to give you this HIPPA Notice about my privacy practices, legal obligations and your rights concerning your health information. Your health information is entitled PHI, which stands for “Protected Health Information”. PHI means individually identifiable health information that is transmitted electronically.

***Permissible Uses and Disclosures without your written authorization***

I may use and disclose PHI ***without*** your written permission for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **Payment*:*** I may use or disclose PHI so that the services you receive are appropriately billed to, and payment is collected from, your health insurance plan. I deal with business associates such as billers who are performing services on our behalf. Our business associates are obligated to safeguard your health information. I will share with my business associates only the minimum necessary for them to assist us.
2. **Required or permitted by law.**I may use or disclose PHI when I am required or permitted to do so by law without your permission:
* In cases of child abuse or elder abuse, for which I am required by law to report this to the appropriate authorities immediately.
* If a client is threatening serious bodily harm to another person/s, I must notify the police and inform the intended victim.
* If a client intends to harm himself or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I will take further measures without their permission that are provided to me by law in order to ensure their safety.
* As required or permitted by law, I may disclose health information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, I will use my professional judgment in deciding whether or not to make such a report. If feasible, I will inform you promptly that I have made such a disclosure.
1. **FDA**. I may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse drug event.
2. **Health Oversight.** I may disclose health information about you for oversight activities authorized by law or to an authorized health oversight agency to facilitate auditing, inspection, or investigation related to my provision of healthcare. For example, your insurance company may ask to audit my medical records of your care to ensure that I am performing treatment and billing in a lawful manner. Your insurance company might also want to view your medical records to ensure that I am providing quality care to you. In addition, I may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
3. **Judicial or Administrative Proceedings.** I may disclose health information about you in the course of a judicial or administrative proceeding in accordance with my legal obligations. For example, in response to a subpoena, discovery request or other lawful process.
4. **Coroners, Medical Examiners, and Funeral Directors**. I may disclose health information about you to a coroner or medical examiner, for example, to assist in the identification of a decedent or determining the cause of death.I may also disclose health information to funeral directors to enable them to carry out their duties.
5. **Public Health Activities**. As required or permitted by law, I may disclose health information about you to a public health authority, for example, to report disease, injury or vital events such as a death.
6. **Required By Law.** I may disclose health information about you as required by federal, state, or other applicable laws. If I receive a court order that requires that I release my records about you, I will comply with this order. I will also inform you.
7. **Law Enforcement.** I may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include 1) limited information requests for identification and location purposes; 2) pertaining to victims of a crime; 3) suspicion that death has occurred as result of criminal conduct; 4) in the event that a crime occurs on the premises of this practice; and 5) medical emergency (not on the practices premises) and it is likely that a crime has occurred. Complying with legal requirements or requests such as helping to identify or locate a suspect, fugitive, material witness, or missing person. I may disclose your protected health information if I believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. I may also disclose your protected health information if I believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. I may also disclose your protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
8. **Specialized Government functions.** Including those pertaining to the Armed Forces, national security and protected the President.
9. **Worker’s Compensation.** I may disclose health information about you for purposes related to Worker’s Compensation, as required by and authorized by law.
10. If you waive privilege by bringing ethical or legal charges against me, I have the right to provide whatever information is necessary for my defense.
11. If you are behind in your bill and fail to make payment arrangements with me, I may refer your account to a collection agency. Information about you will be disclosed in a manner consistent with ethical and legal requirements.

**For any other use or disclosure authorization is required. Before using or disclosing your personal health information for any other purpose not identified above, I will obtain your written authorization.**

YOUR INDIVIDUAL RIGHTS

Right to inspect and copy. You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be in writing. Under limited circumstances, I may deny access to your records. For example, I do not have to let you see my psychotherapy notes about your treatment or if I believe that seeing your medical record would result in a danger to your treatment. I may charge a fee for the costs of copying and sending you any records requested.

Right to Request Amendments. You have the right to request that I amend your health information. Your request must be in writing and it must explain why the information should be amended. I may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you are concerned that I may have violated your privacy rights, you may write a complaint to the following office:

Office for Civil Rights

Centralized Case Management Operations

U.S. Department of Health and Human Services (HHS)

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

or by sending an email to OCRComplaint@hhs.gov.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.