Psychotherapy & Pastoral Counseling Associates Notice of Privacy Practices (NPP) – Short Version

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information. We are required also by law to do this. These laws are complicated, but we must provide you with important information. This pamphlet is a shorter version of the full, legally required NPP, which will be made available at your request. However, we cannot cover all possible situations; please talk to our Privacy Contact Doctor David Dennedy- Frank about any questions or problems.

We will use the information about your health, which we get from you or from others, mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities, which are called, in the law, health care **operations**. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share information. If you do not consent and sign this form, we cannot treat you.

If we, or you, want to use or disclose (send, share, release) your information for any other purpose we will discuss this with you and ask you to sign an Authorization to allow this.

Of course we will keep you health information private but there are some times when the laws require us to use or share it such as:

- 1. When there is a serious threat to your health and safety or health and safety of another individual or the public. We will only share information with a person or organization, which is able to help or reduce the threat.
- 2. Some lawsuits and legal or court proceedings.
- 3. If a law enforcement official requires us to do so.
- 4. For Workers Compensation and similar benefit programs.
- There are some other situations like these but which don't happen very often. They are described in the longer version of the NPP.

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Your rights regarding your health information.

- 1. You can ask us to communicate with you about your treatment and health related issues in a particular way or at a certain place. 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 what you request.
- 2. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if 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 even get a copy of these records but we may charge you. Contact our Privacy Contact, Doctor David Dennedy- Frank, to arrange how to see your records.
- 4. If you believe the information in your records is incorrect or incomplete, you can ask us to make sure some kinds of changes (called "amending") to your health information. You have to make this request in writing and send it to our Privacy Contact, Doctor David Dennedy- Frank. You must tell us the reason you want to make the changes and we must advise you that access to your records is not automatic but we must be reviewed.
- 5. You have the right to a copy of this notice. If we change NPP we will post it in our waiting room and you can always get a copy of the NPP from the Privacy Contact.
- 6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Contact and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filings a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Contact who is Dr. David Dennedy- Frank, and can be reached by telephone at (505) 988-4131 extension 102.

The effective date of this notice is June 30, 2017

My signature, or the signature of my designated representative, acknowledges receipt of this notice. I DO/ DO NOT (circle one) want a copy of this form.

Signature of Patient

or Signature of Designated Representative Date

Printed Name - Patient

Printed Name - Representative