

Notice of Privacy Practices

This notice describes how psychological information about you may be used and disclosed and how you can get access to this information. Please review it carefully, and initial on our welcome letter your consent to allow us to use information as listed below.

We are committed to protecting your privacy. This Notice of Privacy Practices describes how we may use and disclose your protected health information, "PHI," to carry out your treatment, payment, and health care operations and for other purposes that are required by law and your rights as our client to access and control your PHI.

We need written authorization from you to use or disclose PHI for purposes other than treatment, payment and health care operations. In instances where we are asked to provide information for purposes outside of treatment, payment or health care operations, we will obtain written authorization from you before releasing this information.

The law requires us to use or disclose your PHI without your authorization in the following circumstances: In cases of suspected child abuse or neglect, or when there is a serious threat to your health and safety or the health and safety of another individual or the public. In cases of emergency or community security, or in some legal or court proceedings. Note: for the last circumstance, we must have a subpoena and court order to release your records without your consent, and we will contact you first to notify you of any requests of your records.

You have rights regarding your PHI. On your requests regarding these rights, we will discuss with you the details of the process.

1. You have the right to request restrictions on certain uses and disclosures of your PHI.
2. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (e.g if and where I can leave voice mail messages).
3. You have the right to inspect or obtain a copy of your PHI. Note, we will not make copies of our Psychotherapy notes, however we may provide a written summary. You may receive copies of billing statements.
4. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Note: We may deny your request, however we are open to discussing your requests.
5. You have the right to receive an accounting of the disclosures of your PHI.
6. You have the right to a copy of this notice.
7. You have the right to file a complaint. If you believe your privacy rights have been violated, please contact us immediately. You also have the right to file a written complaint with Secretary of the Department of Health and Human Services.