**NOTICE OF PRIVACY PRACTICES**

**Effective April 29, 2015**

This notice describes how medical information about you may be used and disclosed how you can access this information. Please review this notice carefully.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition related to health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how your provider may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA),your provider is required to maintain privacy of your PHIand to provide you with notice of his or her legal duties and privacy practices with respect to your PHI. Your provider is required to abide by the terms of the Notice of Privacy Practices. Your Provider reserves the right to change these Notice of Privacy Practices rights at any time. Any new Notice of Privacy Practices will be effective for all PHI that your provider maintains at that time. The provider will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or by providing one to you at your next appointment.

**HOW YOUR PROVIDER MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

**For Treatment:**  Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your healthcare treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Your provider may disclose PHI to any other consultant only with your authorization.

**For Payments:** Your provider may use and disclose your PHI so that he/she can receive payment for the treatment services provided to you. Examples of payments -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 it becomes necessary to use collection processes due to lack of payment for services, only disclose the minimum amount of PHI necessary for purposes of collection will be disclosed.

**For Health Care** **Operations:** Your provider may use or disclose,as needed, your PHI in order to support his or business activities including, but not limited to, quality assessment activities, licensing and conducting or arranging other business activities. For example, your PHI may be shared with third parties that perform various business activities provided we have a written contract with the business that requires safeguard to the privacy of your PHI. Your PHI may be used to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

**Requirement of the Law:** Under the law, your provider must make disclosures of your PHI to you upon your request.In addition, disclosures must be made to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.

**Without Authorization:**  Applicable law and ethical standards permit your provider to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are

* Require by law, such as the mandatory reporting of chls abuse or neglect or elder abuse, or mandatory government agency audits or investigations.
* Required by court order.
* Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen the threat, including th target of the threat.

**Verbal Permission:** Your provider may use or disclose your information to family members who are directly involved in your treatment with your verbal permission.

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization,which may be revoked.

**YOUR RIGHTS REGARDING YOUR PHI** You have the following rights regarding PHI maintained about you. To exercise any of these rights, please submit your request in writing to your provider.

**Right of Access to Inspect and Copy** In most cases, you have the right to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. Your provider may change a reasonable, cost-based fee for copies.

**Right to Amend** If you feel that the PHI your provider has about you is incorrect or incomplete, you may ask for it to be amended, although your provider is not required to agree to the amendment .

**Right to An Accountability of Disclosures** You have the right to request an accounting of certain disclosures that your provider makes of your PHI. Your provider may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, healthcare operations. Your provider is not required to agree to your request.

**Right to Request Confidential Communication** You have the right to request that your provider communicate with you about medical matters in a certain way or at a certain location.

**Right To A Copy of This Notice** You have the right to ask your provider for a copy of this notice at any time.

**COMPLAINTS**

If you believe your rights have been violated, you may submit a complaint with the Federal Government. Filing a complaint will not affect your right to further treatment or your future treatment. To file a complain with the Federal Government, contact:

Secretary of the U.S. Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

(202) 619-0257

**ACKNOWLEDGEMENT OF RECEIPT ON NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of the Notice of Privacy Practices, which explains my rights and the limits on ways my provider may use or disclose personal health information to provide service.

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Client Name Client Signature

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If signed by other than client, indicate relationship Date