

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

The following categories describe how medical information about you may be used and disclosed without your specific consent or authorization. Examples are provided for each category; not all possible uses or disclosures are listed.

For Treatment

We may use medical information about you to provide you with medical treatment or services. Example: In treating for a specific condition, it may be useful to know if you have allergies that could influence medications prescribed for the treatment process.

For Payment

Medical information about you may be disclosed so the treatment and services may be billed and payment may be collected from you, an insurance company, or third party. Example: Protected health information such as your name, address, office visit date, and codes identifying diagnosis and treatment may be sent to your insurance company for payment.

For Health Care Operations

Medical information about you may be disclosed in the process of assuring quality care. Example: medical information about you may be used to review treatment and services in order to evaluate the quality of your care; your name need not be used.

Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization:

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities or their medical records
- To workers' compensation or other similar programs for processing claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If you are an inmate, to the correctional institution or law enforcement officials
- As required by United States Food and Drug Administration (FDA)
- Other health-care providers' treatment activities
- Other covert entities' and providers' payment activities
- Other covered entities' health care operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses for disclosures in domestic violence or neglect situations
- Health oversight activities
- Other public health activities

You could be contacted to provide appointment reminders. The law also provides that you may be contacted with information about treatment alternatives or health-related benefits and services that may be of interest to you (although this is highly unlikely from this office).

Uses and Disclosures of Medical Health Information Requiring Your Written Authorization

Other uses and disclosures of medical information not covered by this notice or the laws that apply will be made only with your written authorization. If you give authorization to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, medical information can no longer be used or disclosed about you for the reasons covered by your written authorization. Disclosures already made cannot be taken back, and records of your care must be retained.

Your Rights Regarding Disclosures and Changes To Your Medical Information

Right to Request Restrictions

You have the right to request restriction or limitation on the medical information used or disclosed about you for treatment, for payment or health care operations or to someone who is involved in your care or the payment for your care. Agreement with this request is not guaranteed; if agreed upon, your request will be complied with unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the privacy officer at this practice. In your request, you must specify what information you want to limit.

Right to an Accounting of Non-Standard Disclosures

You have the right to request a list of the disclosures of medical information. To request this list, you must submit your request to the privacy officer at this practice. Your request must state the time for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list requested within a 12-month period will be free. Additional lists may generate a fee.

Right to Amend

If you feel the medical information in this office is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the privacy officer of this practice. In addition, you must provide a reason that supports your request. Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, your request may be denied if the information was not created at this office, is not part of the information kept at this office, is not part of the information that you would be permitted to inspect and copy, or the information is deemed to be secure and complete. If

your request is denied, you have the right to file a statement of disagreement. A rebuttal to your statement may be prepared here. You will be provided with a copy. Statements of disagreement and the corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Your Rights Regarding Access To Medical Information

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the privacy officer at this practice. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request. In very limited circumstances, your request to inspect and copy may be denied. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health-care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. The recommendations of this review will be followed.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice of privacy practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current notice, please request one in writing from the privacy officer at this practice.

Right to Request Confidential Communications

You have the right to request how communications should be sent to you about medical matters and where you would like those communications sent. To request confidential communications, you must make your request to the privacy officer at this practice. You will be asked the reason for your request. All reasonable requests will be accommodated. Your request must specify how and where you wish to be contacted. A request may be denied if it imposes an unreasonable burden on this practice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the privacy officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for submitting a complaint.

SEE BACK OF THIS PAGE FOR NOTICE

PRIVACY PRACTICES

Client confidentiality and privacy are crucial at this office. New federal legislation, called the Health Insurance Portability and Accountability Act or HIPAA, requires this office notify clients of its privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact the privacy officer at this practice.

Who Will Follow This Notice?

Any health-care professional authorized to enter information into your medical record, all employees, staff and other personnel in this practice who may have access to your information must abide by this notice. All subsidiaries, business associates (a billing service, for example), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health-care operations described in this notice. Only the minimum necessary information needed to accomplish a task will be shared.

Changes to This Notice

This notice may be changed and revised. If it is changed, alterations will be effective for medical information already in possession about you, as well as any future information received. A copy of this current notice will be posted with the effective date.

NOTICE OF PRIVACY PRACTICES

**CAROL STEPHENS
PSYD,LP
LICENSED PSYCHOLOGIST**

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

Effective January 1, 2012

Privacy Officer:

CAROL STEPHENS PSYD,LP
612-251-7413