

HIPAA: NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to it.

1. YOUR RIGHTS: You have the right to:

- Access your record
- Request amendments to your record
- Request confidential communications
- Request restrictions on disclosures
- Receive an accounting of certain disclosures
- Receive a paper copy of this Notice
- Choose a personal representative
- File a complaint with this practice or the U.S. Dept. of Health and Human Services (HHS)

HHS Office for Civil Rights

200 Independence Ave SW, Washington, DC 20201

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

We will not retaliate for filing a complaint.

3. YOUR CHOICES: You may request limits or preferences regarding:

- Disclosures to family/friends involved in your care
- Disaster relief disclosures
- Appointment reminders
- Communication preferences (phone, email, telehealth)

Requests must be made in writing.

4. HOW WE USE & DISCLOSE YOUR INFORMATION: We may use/disclose your protected health information (PHI) without your written authorization for:

- Treatment: providing and coordinating your care, consultation, or referral.
- Payment: billing, claim submissions, benefit verification, and insurance authorization.
- Health Care Operations: administrative, quality improvement, supervision, compliance, and practice management activities.

5. OTHER PERMITTED OR REQUIRED DISCLOSURES: We may use or disclose PHI when required or allowed by law, including:

- Mandated reporting of abuse, neglect, or exploitation
- Serious and imminent threats to health or safety
- Court orders, subpoenas, and other legal requirements
- Health oversight (audits, investigations, licensure)
- Coroners/medical examiners
- Workers' compensation
- Certain law enforcement purposes
- Public health requirements
- Specialized government functions (e.g., national security)

6. USES & DISCLOSURES REQUIRING AUTHORIZATION: Your written authorization is required for:

- Psychotherapy notes
- Marketing (which we will not do)
- Sale of PHI (which we will not do)
- Any use or disclosure not covered in this Notice

You may revoke authorization at any time in writing.

7. BREACH NOTIFICATION: If a breach of your unsecured PHI occurs, we will notify you as required by law.

8. OUR RESPONSIBILITIES: We are required to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice
- Follow the terms of this Notice
- Notify you of a breach
- Update this Notice if privacy practices change

Revised Notices apply to all PHI we maintain and will be made available upon request.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge receipt of this Notice of Privacy Practices.

Client Name: _____

Signature: _____

Date: _____