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Notice of Privacy Practices For Use and Disclosure of Protected Health Information

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain patient rights regarding the use and disclosure of your protected health information (PHI). This notice describes how health information may be used and disclosed and how you may get access to this information.

MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that your health information and care is personal, and I am committed to protecting your health information. Please note that I create a record of the care and services that I provide – Protected Health Information (PHI). I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records your care generates and will make clear the ways in which I may use and disclose this information as well as your rights to your records. I am required by law to:

- Give you this notice of my legal duties and privacy practices with respect to health information.
- Make sure that PHI that identifies you is kept private.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- For treatment payment or health care operations: Federal privacy rules allow health care providers who have a direct treatment relationship with the client to use or disclose the client's PHI without the client's written authorization to carry out services and billing.
- For the treatment activities of a health care provider: Without written authorization by you, a clinician is allowed to consult with another licensed health care provider about your condition and to disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition
- When disclosure is required pursuant to a legal proceeding/subpoena health information may be disclosed. Health information about you or your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute may also be disclosed. In both cases, efforts will be made to tell you about the request or to obtain an order protecting the information requested.

ANY USE OR DISCLOSURE OF "PSYCHOTHERAPY NOTES" REQUIRES YOUR AUTHORIZATION UNLESS THE DISCLOSURE IS:

- For my use in treating you.
- For my use in defending myself in legal proceedings instigated by you.
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE AUTHORIZATION AND ARE REQUIRED BY LAW:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although I will try get an authorization from you before doing so.

- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- Specialized government functions, including, ensuring the proper execution of military missions, protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes I may provide your PHI in order to comply with workers' compensation laws, but my preference will be to obtain your authorization.
- For appointment reminders and health related benefits or services, I may use and disclose your PHI to contact you and remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

If I seek professional consultation regarding your case, neither your name nor any identifying information about you will be revealed.

Unless required by law, there will be no other uses or disclosures of this information without your authorization.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PATIENT HEALTH INFORMATION:

1. I may provide your PHI to a family member, friend, doctor, or other person that you indicate is involved in your care or the payment of your health care **for which you have given consent**, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. The right to request restrictions on disclosures of your PHI to your health plans for payment for service that you have paid for Out-of-Pocket in full.
3. The right to choose how I send PHI to you. You have the right to choose how I contact you (i.e. home, cell, or office phone, email), or to send mail to a different address, and I will agree to all reasonable requests.
4. The right to see and get copies of your PHI. Other than "psychotherapy notes," you have the right to get a copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. The right to request a list of disclosures I have made with regards to your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. I will respond to your request within 60 days of receiving the request and it will include the last six years unless you request a shorter time. There will be no charge unless more than one request is made in the same year. An additional request will incur a reasonable cost based fee.
6. The right to correct or update your PHI. If you believe there is a mistake or something is missing from your PHI you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of the request.
7. The right to get a paper copy of this notice.

Your signature below means that you have read, understood, and agreed to the items contained in this document regarding the use and disclosure of your protected health information. You acknowledge that you have received a copy of HIPAA Notice of Privacy Practices, including an electronic version from my website.

Signature (Patient or Responsible Party if under 18 or cared for by a legal guardian)

This notice went into effect - Date