

Notice of Privacy Practices

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

MY RESPONSIBILITIES: This section explains my responsibilities to you.

- I am required by law to maintain the privacy and security of protected health information (PHI).
- I am required to give you this Notice of Privacy Practices (Notice).
- I am required to follow the terms of the Notice currently in effect. I may change the terms of this Notice at any time, and such changes will apply to all of the information I have about you. I will make the current version of this Notice available upon request, in my office and on my website.
- I am required to notify you if there is a breach of your PHI.
- I will not use or share PHI other than as described in this Notice unless you provide written authorization. You may revoke such authorization in writing at any time.

USES & DISCLOSURES: This section explains how I use and disclose PHI.

- **Treatment:** I use PHI to treat you and may share it with other professionals who are treating you. *Examples: I may speak with your other medical providers to discuss your symptoms or safety. I may consult with other clinicians to provide you with the best possible care.*
- **Operations:** I use and share PHI to run my business. *Examples: I use PHI to contact you and keep records. Individuals and companies that help me run my business may have access to PHI.*
- **Payment:** I use and share PHI to obtain payment. *Examples: I can share information with someone you have indicated is paying for your services in order to obtain payment. I give information to my bank or credit card processing company to process your payments.*

I am also allowed or required to use or disclose your PHI in other ways.

- **Health & Safety:** I can share PHI to prevent a serious health or safety threat. *Examples: In an emergency, I can share information with emergency personnel and your emergency contact. If I believe that you pose a risk of harm to yourself or that you or a third party poses a risk of harm to others, I am required to act, including facilitating a voluntary or involuntary commitment, reporting to the authorities and/or warning others who may be at risk. I am required to report suspected child abuse or neglect and can also report abuse or neglect of older or dependent adults. This includes information you give me about a third party who may be perpetrating such abuse or neglect. I can share PHI with public health officials to address public health threats.*
- **Research:** I can use or share PHI for research purposes.
- **Reviews & Audits:** State or federal agencies may review or audit my records.
- **Judicial & Administrative Proceedings:** I must comply with a court or administrative order to release my records. I may also disclose PHI in response to a subpoena, discovery request or other legal process, but only if I have first attempted to tell you or obtain a protection order.
- **Law Enforcement:** I can share PHI for certain law enforcement purposes, including to report a crime that occurs on my premises or if I am the victim of a crime.
- **Medical Examiners:** I can share PHI with a coroner, medical examiner or funeral director performing duties authorized by law.
- **Workers' Compensation:** I can share PHI to comply with workers' compensation laws.
- **Special Government Functions:** I can share PHI to support certain government functions, including the execution of military missions, protecting the President, intelligence operations or ensuring the safety of those working or housed within correctional institutions.
- **Legal Obligations:** I can use or share PHI when disclosure is required by state or federal law and the use or disclosure complies with and is limited to the relevant requirements of such law.

YOUR CHOICES: This section explains choices you have about how I use or disclose PHI. If you are unable to tell me your preferences, I may share your PHI if I believe it is in your best interest. I may also share information to prevent a threat to your or someone else’s health or safety, even if you object.

- **Personal Representatives:** Your personal representatives are individuals legally authorized to act on your behalf. I may disclose PHI to your personal representatives unless you object.
- **Personal Representatives of Deceased Individuals:** If you were to die, I could disclose PHI to your executor or administrator or another person who has legal authority to act on behalf of yourself or your estate unless you previously objected to my disclosing PHI to that individual.
- **Disaster Relief:** I may share PHI with authorities in a disaster situation unless you object.
- **Special Permission:** I will not share information about substance abuse or treatment, HIV/AIDS, STDs or pregnancy without your permission, unless required to by law.
- **Additional Information:** I do not keep “psychotherapy notes” as defined under HIPAA. I do not create or maintain a hospital directory. I never use or disclose PHI for marketing purposes. I never sell PHI. I will never contact you for fundraising purposes.

YOUR RIGHTS: This section explains your rights when it comes to PHI. You have the right to:

- Ask me questions about any of the information in this Notice.
- Get an electronic or paper copy of your record. I will provide a copy or a summary, if you agree to a summary, usually within 15 days. I may charge a reasonable, cost-based fee.
- Ask me to correct health information about you that you think is incorrect or incomplete. I may decline your request, but I’ll tell you why in writing within 30 days.
- Ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- Ask me not to use or share certain health information for treatment, payment or operations. I am not required to agree, and I may decline if I think it would affect your care.
- Know when I’ve shared your PHI in the past six years, who I shared it with and why, except for disclosures for treatment, operations and payment. I’ll provide a list within 30 days of receiving your request. One list per year is free, after which I will charge a reasonable, cost-based fee.
- Ask for a paper or electronic copy of this Notice at any time.
- Designate a medical power of attorney or legal guardian to exercise your rights and make choices on your behalf. I will ensure they have the correct authority before taking any action.
- File a complaint by sending it to me in writing at the address at the top of this Notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. I will not retaliate against you for filing a complaint.

EFFECTIVE DATE: This Notice was revised and updated and went into effect on January 1, 2023.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE: By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

SIGNATURE: I agree that I have read, understand and agree to the items contained in this document.

Signature: _____

Date: _____

Printed Name: _____