

Notice of Privacy Practices

Effective Date: April 14, 2003

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

A. Purpose of this notice:

Suzanne Roberts, LCSW is required by law to maintain and safeguard the privacy of your protected health information (PHI) and to provide you with this notice regarding our privacy practices. This notice explains our privacy practices and applies to any of PHI created and/or maintained by our office and any information that we receive from your other health care providers.

B. Understanding your clinical record / information

Each time you attend an individual, couple, family, or group session, a record of your visit will be made. Typically, this record contains your symptoms, diagnoses, and a plan for future care or treatment. This information (your PHI) serves as a:

- Basis for planning your care and treatment.
- Means of communication among the health care professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool with which we can assess and work to improve the treatment that we render and the outcomes we achieve.

C. Your rights regarding your PHI

You have the following rights regarding your PHI. You may exercise each of these rights in writing. You have the right to:

- Request an inspection and copy of your PHI.
- Request an amendment your record (your request may be denied if it does not include a reason to support your request).
- Request an accounting of disclosures of your PHI.
- Request a restriction on certain uses and disclosures of your information.
- Request communications of your PHI by alternative means or at alternative locations
- Request a paper copy of this notice.
- Request to revoke your authorization to use or disclose PHI except to the extent that action has already been taken.

D. Our responsibilities regarding your PHI

We are required to:

- Maintain the privacy of your PHI.
- Provide you with a notice as to our legal duties and privacy practices with respect to your PHI.
- Abide by the terms of this notice and any revisions that we make.
- Notify you if we are unable to agree to a requested restriction.

We will not use or disclose your PHI without authorization, except as described in this notice.

E. Uses and disclosures of PHI for treatment, payment, and healthcare operations

We will ask you to sign consent forms that allow us to use and/or disclose your PHI for treatment, payment, and health care operations.

- **Treatment:** We may use and disclose your PHI to provide you treatment and services and in coordinating your care, and we may disclose information to other providers, such as physicians or other mental health clinicians, who are involved with your care.

- **Payment:** We may use and disclose your PHI for billing and payment purposes (from you, an insurance company, or another third party). We may also disclose information about you to your insurance company to determine that they will pay for treatment services.
- **Health Care Operations:** We may use your PHI within Suzanne Roberts, LCSW as necessary for general health care operations (e.g., quality assurance, general management and administrative oversight, and education and training).

F. Permitted or required uses and disclosures of PHI

Sometimes we may be required or permitted by law to use your PHI without your permission. Such instances are listed below:

- **Child abuse:** If we have reasonable cause to suspect or believe that any child under the age of eighteen (18) years has been abused or neglected, has had a non-accidental physical injury, or is placed at imminent risk of serious harm then we must report this suspicion or belief to the appropriate authority.
- **Adult and domestic abuse:** If we suspect or believe that an elderly individual or an individual, who is disabled or incompetent, has been abused, we may disclose the appropriate information as permitted by law.
- **Appointment reminders:** We may use and disclose PHI to remind you about appointments.
- **Emergencies:** We may use or disclose your PHI as necessary in emergency treatment situations.
- **Health oversight activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities can include audits, inspections, or licensure and certification surveys.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. Thus, we will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. If applicable, you will be informed of this in advance.
- **Law enforcement:** We may use or disclose your PHI for certain law enforcement purposes. These include complying with court orders, complying with reporting requirements and warrants, and answering certain requests for information about crimes.
- **Worker's compensation:** We may use or disclose your PHI to comply with laws related to worker's compensation or other similar programs established by law.
- **To avert a serious threat to health or safety:** We may use or disclose your PHI to prevent a serious threat to the health or safety of you or others.
- **Military and veterans:** If you are a member of the armed forces, we may use or disclose your PHI as required by military authorities.

G. Written authorization for the release of PHI

Written consent for the obtaining and/or disclosure of specific information (other than information related to treatment, payment, and healthcare operations) may be requested in the initial session, and may be requested during future sessions. We will not use or disclose your PHI (except for the above permitted uses and disclosures) without this written authorization.

H. Complaints

You may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

I. Changes to the privacy policy

We reserve the right to change the terms of this notice and to make the new provisions effective for all PHI that we maintain.