

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. We must follow the duties and privacy practices described in this notice.

Your Rights

When it comes to your health information, you have certain rights. You have the right to:

- Get a copy of your paper or electronic medical record, usually within 30 days of your request. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.
- Ask to have your paper or electronic medical record amended if you think is incorrect or incomplete. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.
- Request confidential communication. We normally contact you by telephone or mail at your home address. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- Ask us to limit the information we share regarding certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Get a list of those with whom we’ve shared your information. We’ll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- Get a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Choose someone to exercise your rights and make choices about your health information if you have given that someone medical power of attorney or if that someone is your legal guardian.
- File a complaint if you believe your privacy rights have been violated. You may complain to our Privacy Officer by notifying us in writing or contact the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Typical Uses and Disclosures

We are allowed or required to share your information in ways that help us to serve or in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. We may use and share your information in the following ways:

- To collaborate care with other professionals who are treating you.
- To run our practice, train our staff, improve your care, and contact you when necessary.
- To bill and get payment from health plans or other entities.
- To help with public health and safety issues such as reporting certain diseases, preventing or reducing a serious threat to anyone's health or safety, reporting suspected abuse, neglect, or domestic violence, or reporting adverse reactions to medications.
- To comply with the law, respond to law enforcement, and other government requests including certain specialized government functions such as the military or correctional institutions.
- To comply with certain public health oversight activities such as audits, investigations, or licensure actions
- To address workers' compensation proceedings
- Work with a medical examiner or funeral director
- To respond to lawsuits and legal actions. We can also share health information about you in response to a court or administrative order, or in response to a subpoena.
- To do research if certain conditions are satisfied.

Your signature below indicates that you have read this information and agree to abide by its terms.

Client Signature	Date	
Parent/Guardian Signature	Relationship	Date
Therapist's Signature	Date	
Clinical Supervisor's Signature	Date	