

Notice of Privacy Practices

This notice describes how health information about you (as a client of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Information Portability and Accountability Act of 1996 (HIPAA).

My commitment to your privacy

My practice is dedicated to maintaining the privacy of your personal information. I am required by law to maintain the confidentiality of your health and personal information. I realize that these laws are complicated but I must provide you with important information:

- How I may use and disclose your personal information
- Your privacy rights
- My obligations concerning the use and disclosure of your health information.

I may use and disclose your health information in the following ways:

1. **Treatment.** Health care providers and staff may use or disclose your health information in order to treat or assist you or assist others in your treatment. Additionally, I may disclose your health information to others who may assist in your care, such as your spouse, children or parents.
2. **Payment.** My practice may use your health information to bill and collect payment for the services you receive from us. We may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also disclose this information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, I may use your health information to bill you directly for services and items.
3. **Health Care Operation.** I may need to use and disclose your health information to be able to run my practice at the highest clinical standards and effectively as possible. This could be used to evaluate my performance and determine if my treatment plans are effective, or determine if there are other services I should be offering. I may also compare my clinical data with other practices, review it with technicians, consultants, and others for teaching and learning purposes. I will strive to remove information that identifies you from this medical information.
4. **Disclosures required by law.** My practice will use and disclose your health information when I am required to do so by federal, state, or local law.
5. **Appointment Reminders and Sign-In Sheets.** We may want to call you by phone for appointment reminder purposes. Please advise us if you do not want us to call and leave appointment reminder messages at your home. We may also use a "sign-in" sheet at the front desk, for purposes of logging our clients as they arrive.

Use and disclosure of your health information in certain special circumstances

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court administrative order.
3. If asked to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety of another individual or the public. We will only make disclosure to person or organization able to help prevent the threat.
5. To federal officials for intelligence and national security activities authorized by law.
6. To correctional institutions or law enforcement officials if you are an inmate or under custody of a law enforcement official.
7. For Workers Compensation and similar programs.

Your rights regarding your health information

1. **Communications.** You can request that my practice communicates with you about your health related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. I will accommodate reasonable requests.
2. You can request a restriction in my use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosures of your health information to only certain individuals involved in your care, such as family members and friends. I am not required to agree to your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including client records and billing records, but not including psychotherapy notes. You must submit your request in writing to me.
4. You may ask me to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by or for my practice. To request an amendment, your request must be made in writing and submitted to me.
5. Right to a copy of this notice. You are entitled to receive a copy of this notice of privacy practices. You may ask me to give you a copy of this notice at any time.
6. Right to file a complaint with me or with the Board of Behavioral Health Examiners 3443 North Central Avenue #1700, Phoenix, AZ 85012, phone (602)542-1882 or www.bbhe.state.az.us. All complaints must be submitted in writing and you will not be penalized for submitting a complaint.
7. Right to provide an authorization for other uses and disclosures. My practice will obtain written permission from you to disclose information in ways that have not been identified in this notice, or are not permitted by these laws.

Signature

Date

PLEASE TALK WITH ME IF YOU HAVE ANY QUESTIONS.