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Information regarding your healthcare, including payment for healthcare, is protected by two federal laws.\* Under these laws, I may not tell anybody that you are my client, share any information about your treatment, or disclose any other Protected Health Information (PHI) except with your written permission or in certain emergency situations described below.

Generally, you must sign a written authorization before I can share or obtain information for treatment purposes or for healthcare operations, including communicating with your insurance company for payment purposes. You may revoke any such written authorization in writing, except to the extent that I have already acted on it.

#### EXCEPTIONS

Federal law permit does permit me to disclose information without your written permission for the following:

- If there is an immediate risk of you hurting yourself or somebody else
- To medical personnel in a medical emergency
- To appropriate authorities to report suspected child abuse or neglect
- As allowed by a court order

For more details about these exceptions, please refer to the document “What you should know about Confidentiality in Therapy” available in hard copy or in the “Forms” section of my website.

#### YOU HAVE THE RIGHT TO

- Request restrictions on certain uses and disclosures of your PHI.
- Receive reasonable confidential communication of PHI, e.g., contact you at a place of your choosing.
- Inspect and copy your medical record by written request, with some exceptions. I reserve the right to deny the request and explain the reason, to which you may make a further appeal.
- Request an amendment of your medical record. I reserve the right to deny the request, to which you may make a further appeal.
- Receive an accounting of disclosures of your PHI during the six years prior to your request. Accountings of disclosures start as of June 8, 2015 and are unavailable prior to that time.
- Receive a paper copy of this notice.

REPORTING A PROBLEM

If you feel your privacy rights have been violated, you may file a complaint with the Secretary of the United States Department of Health and Human Services (DHHS), Office for Civil Rights (OCR) at: U.S. DHHS, OCR, J.F. Kennedy Federal Building- Room 1875, Boston Massachusetts 02203. Voice phone: (617) 565-1340. TDD: (617) 565-1343. FAX: (617) 565-3809.

There will be no retaliations for filing a complaint.

This notice is effective as of July 1, 2019.

\*Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C.§ 290dd-2, 42 C.F.R. Part 2.

I hereby acknowledge receipt of the *Notice of Privacy Practices*:

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Client Signature

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Date

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Client Printed Name

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Witness Signature

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Date

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