

**Judith E. Lipson, M.A.**

Licensed Professional Counselor

Counseling & Guided Imagery

Educational Solutions: ADHD, Autism

## 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.

### Commitment to Your Privacy:

This practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law (Health Insurance Portability and Accountability Act - HIPAA - of 1996) to keep your information private. As this notice cannot cover all possible situations, feel free to talk to me about any questions or concerns.

I may use or disclose your protected health information for treatment, payment, and health care operations with your consent. Following, are terms that may apply to your treatment:

- *PHI*: (Protected Health Information) information in your record that could identify you; such as your history, reasons you came for treatment, diagnoses, records and reports, treatment plans, etc
- *Treatment*: when I provide, coordinate, or manage your health care or other services related to your health care; one example is if I consult with another psychologist or practitioner
- *Payment*: disclosing PHI to assist you in reimbursement
- *Health Care Operations*: activities that relate to the performance and operation of my practice; examples are quality assessment and improvement activities, administrative services and case management
- *Use*: activities within my office that deal with the information that identifies you
- *Disclosure*: activities outside of my office/practice such as releasing, transferring or providing information about you to other parties

### Uses and Disclosures Requiring Authorization:

If I wish to use your information for any purpose not related to *health care operations* and *use* I shall request your permission on an Authorization Form. This authorization permits specific *disclosures*. If information is requested of me for purposes outside of *treatment* or *health care operations*, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. *Psychotherapy Notes* are notes I have made about our conversation during a private, group, joint or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than *PHI*.

### Uses and Disclosures with Neither Consent nor Authorization:

Laws require the use and disclosure of your PHI without your consent or authorization under certain circumstances:

- *Child Abuse*: If I have reasonable cause to suspect child abuse or neglect, I must report this suspicion to the appropriate authorities as required by law.

- *Adult and Domestic Abuse:* If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.
- *Health Oversight Activities:* If I receive a subpoena or other lawful request, I must disclose the relevant PHI pursuant to that subpoena or lawful request.
- *Judicial and Administrative Proceeding:* If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process I may have to release some of your PHI. I will only do so after attempting to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- *Serious Threat to Health or Safety:* If you communicate to me a threat of physical violence against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious physical harm on yourself, I may disclose information in order to protect you.

*Your Rights Regarding Your Health Information:*

- You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask to be called at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
- You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- You have the right to inspect and/or obtain a copy of your PHI. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and the denial progress.
- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny this request. On your request, I will discuss with you the details of the amendment process.
- You have the right to receive an accounting of disclosures of your PHI. On your request, I will discuss the details of the accounting process.
- You have the right to a copy of this notice. If the information changes, you will receive a new notice.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care provided to you in any way.