

## Notice of Privacy Policy:

This notice is being sent to you, to inform you that we are H.I.P.A.A. compliant, and to describe to you an "overview" of your privacy rights.

The H.I.P.A.A. law was created for companies who now transfer your personal and medical information electronically (via the Internet, email, etc.) As stated previously, we do not transfer any personal and/or medical documents electronically without your consent at this time and are not foreseeing doing this in the future.

**Our Statement to You:** We acknowledge your right to your privacy and will abide by both the H.I.P.A.A. and Privacy Act laws and regulations, we understand the meaning of the word "confidential" and we respect your rights to your privacy.

If you have any questions or you would like to exercise any of your rights described in this brochure, you must submit your request in writing to our H.I.P.A.A. manager; or you may call and leave a detailed message and our H.I.P.A.A. manager will get back to you as soon as possible.

A full copy of the H.I.P.A.A. Law and regulations is located at our place of business for your review, or you can visit these Government web sites for further information:

[www.CMS.hhs.gov/hipaa](http://www.CMS.hhs.gov/hipaa)

[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) [www.hhs.gov/ocr/hipaa/privacy.html](http://www.hhs.gov/ocr/hipaa/privacy.html)

### Notice:

Our office does not transfer "Personal Health Information" electronically; we are however H.I.P.A.A. compliant and we are regulated by the Federal Privacy Act.

### Our Responsibility:

The confidentiality of your personal health information is very important to us. All information kept in your file is confidential and will not be released unless we obtain written consent to do so and/or it is stated by the law that we may release this information without your consent.

### What we are allowed to do without your Consent:

Under federal and Ohio law, we are permitted to use and disclose personal health information without authorization for treatment, payment, and health care operations. [However, the American Psychiatric Association's Principles of Medical Ethics or state law may require us to obtain your express consent before we make certain disclosures of your personal health information.] [If relevant: Participants in this organized health care arrangement also share health information with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.]

### Examples of these are:

Asking a nurse to assist with taking your temperature and to document the results. Supplying your insurance company with a diagnosis or other related health information that will assist payment for services rendered. Supplying the billing department with demographic and diagnostic information, etc.

Under Federal and Ohio State law, we are permitted to use and disclose personal health information without authorization, for treatment, payment, and health care operations. Note: If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, we will use our professional judgment to

determine what is in your best interest regarding any such disclosure. Instances where your consent is not needed. (*examples*)

- Abuse, Neglect, or Domestic Violence
- Appointment reminders and other health related services (this would include leaving messages on

- Answering machines, unless directed not to)
- Business Associates such as a Billing Company
- Communicable Disease Control
- Communications with family, only if they are the responsible party for your care and/or payment
- Coroners, Medical Examiners, and Funeral Directors
- Disaster relief or to assist in disaster relief efforts
- Food and Drug Administration (FDA)
- Judicial or Administrative Proceedings
- Law Enforcement

There are other instances where your PMI (Personal Medical Information) may be given out. But our office policy is to always try to get permission from you first before we disclose any such information. In general our practice will only release actual medical information, such as a diagnosis, medications you have been prescribed. Length of treatment, etc. Session notes that document diagnoses, medications prescribed and the content of our sessions will only be released upon your signing of a specific release of information allowing me to share that information with those you designate. This is mostly done via fax. Please advise if this is not acceptable. Your Health Information Rights:  
Under the law, you have certain rights regarding the health information that we collect and maintain about you.

This includes the right to: *(examples)*

- Request that we restrict certain uses and disclosures of your health information. We are not, however, required to agree to a requested restriction.
- Request to review, or to receive a copy of, the health information about you that is maintained in our files and the files of our business associates (if applicable). If we are unable to satisfy your request, we will tell you in the reason for the denial and your right, if any, to request a review of the decision.
- Request that we amend or update the health information about you that is maintained in our files. This does not include therapy notes however.
- Request a list of whom we sent your health information to.

### **Acknowledgment of Receipt of Notice of Privacy Practices**

I acknowledge and understand that [name of organization] is abiding by the H.I.P.A.A., [state] state and federal privacy act law(s) and regulations; and I hereby acknowledge that I have reviewed and/or received a copy of the Notice of Privacy Practices

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible party Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_