

Notice of Privacy Practices

Brian Ashin, LMSW, BCD

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.

This Notice of Privacy Practices describes how I may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I am required to abide by the terms of this Notice of Privacy Practices. I may change the terms of my notice at any time. The new notice will be effective for all protected health information that I maintain at that time. Upon your request, I will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

PURPOSE:

I follow the privacy practices described in this Notice. I keep your mental health information in records that will be maintained and protected in a confidential manner, as required by law.

HOW WILL I USE YOUR PROTECTED HEALTH INFORMATION? *(PHI is information that could identify you, e.g. name, phone number, social security number, phone number, etc.)*

I collect medical information from you. I restrict the disclosure to those people, entities and agencies for whom you authorize disclosure such as other health care providers, hospitals, or those agencies and entities for whom legal and administrative requirements demand disclosure.

WHAT ARE TREATMENT and HEALTH CARE OPERATIONS?

Your treatment may include sharing information among mental health care providers who are involved in your treatment. For example, if you are seeing both a physician (psychiatrist) and me, as your psychotherapist, then that physician and I may share information in the process of coordinating your care. In addition, I may disclose your Protected Health Information to another physician or health care provider (e.g., a specialist or laboratory) who, at my request and with your consent, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Examples of treatment, billing, and health care operations (without the need for additional consent from you) include:

- Appointment reminders.
- Coverage by another mental health professional during vacations.
- Mental health oversight activities.
- As required by law;

For public health purposes such as reporting child abuse or elder abuse or neglect.

To prevent a serious threat to the health or safety of yourself or others.

In response to lawsuits and disputes.

For law enforcement (e.g., in response to a court order or other legal process).

To authorized federal officials for the conduct of lawful intelligence, counter intelligence, and other national security activities.

• Alcohol and drug abuse information has special privacy protection. I will not disclose any information identifying you as being a client or provide any mental health or medical information relating to substance abuse treatment (if you are indeed receiving or participating in such treatment) unless; 1) you consent in writing; 2) a court order requires disclosure of the information; 3) medical personnel need the information to meet a medical emergency; 4) it is relevant in reporting and preventing a threat of harm to yourself or others.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.

Except as described previously, I will not use or disclose information from your record unless you authorize (permit) in writing to do so. You may revoke your permission, which will be effective only after the date of your written revocation. You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will *not* be effective if I have *already* taken action (such as my having sent, by mail, a request for information to a previous treatment provider of yours) that relied on your authorization. Your revocation would also *not* be effective if I obtained your authorization as a condition of obtaining insurance coverage for your treatment, or if the insurer has a legal right to contest a claim.

YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form I provide you.

- *Right to request restriction.* You may request limitations on your mental health information I may disclose, but I am not required to agree to your request. If I agree, I will comply with your request unless the information is needed to provide you with emergency treatment.
- *Right to confidential communications.* You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- *Right to inspect and copy.* You have the right to inspect and copy your mental health information regarding decisions about your care; however, psychotherapy notes (my notes about our conversations) may not be inspected and copied. I may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by you. I will comply with the outcome of the review.
- *Right to request a clarification of your record.* If you believe the information I have about you is incorrect or incomplete you may ask to add clarifying information. You may ask for a form for that purpose and the form will require certain specific information. I am not required to accept the information that you propose.
- *Right to accounting of disclosures.* You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations in the last six (6) years, but not prior to April 14, 2003.
- *Right to a copy of this Notice.* You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.

REQUIREMENTS REGARDING THIS NOTICE.

I am required to provide you with this Notice that governs my privacy practices. I may change policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information I have about you as well as any information I receive in the future. Any time you come in to see me for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.

CONTACT. Call me if:

- You have an questions about this notice.
- You wish to request restrictions on uses and disclosure for health care treatment or operations.
- You wish to obtain any of the forms mentioned to exercise your individual rights described above.

COMPLAINTS.

For more information about HIPAA contact:

Office for Civil Rights
US Department of Health & Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(312) 886-2359; (312) 353-5693 (TDD)
(312) 886-1807 (Fax)