

## NOTICE OF PRIVACY PRACTICES

As a licensed psychotherapist, I am required by law to maintain the privacy of your protected health information (PHI), to provide you with this Notice of my legal duties and privacy practices, and to notify you if your PHI is affected by a breach.

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### I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### A. Routine Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your PHI without your written authorization for the following purposes:

- **Treatment:** To provide, coordinate, or manage your care and related services.
- **Payment:** To obtain reimbursement for services provided, including billing and collections.
- **Healthcare Operations:** For administrative and operational tasks, such as quality assessment, accreditation, or supervision.

#### B. Uses and Disclosures Requiring Authorization

I will obtain your written authorization for any use or disclosure of your PHI not described above. This includes:

- Psychotherapy notes (as defined by HIPAA)
- Marketing communications
- Sale of your information

You may revoke your authorization at any time in writing, except to the extent that I have already taken action relying on the authorization.

#### C. Uses and Disclosures Without Authorization or Opportunity to Object

In certain circumstances, I may use or disclose your PHI without your consent or authorization, including:

- When required by law (e.g., court orders, subpoenas)
- When there is a threat of serious harm to you or others (duty to warn)
- Suspected abuse or neglect of a child, elderly person, or dependent adult
- Health oversight activities (e.g., audits, investigations)
- To comply with workers' compensation laws

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## II. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights under HIPAA:

- **Right to Access:** You may request access to or a copy of your PHI.
- **Right to Amend:** You may request a correction to your PHI if you believe it is incorrect or incomplete.
- **Right to an Accounting of Disclosures:** You may request a list of disclosures made of your PHI (excluding those for treatment, payment, and healthcare operations).
- **Right to Request Restrictions:** You may ask me not to use or disclose certain parts of your PHI. I am not required to agree to your request.
- **Right to Request Confidential Communications:** You may request that I contact you in a specific way or location (e.g., only by mail).
- **Right to a Paper Copy of This Notice:** You may request a paper copy at any time, even if you agreed to receive it electronically.

- **Right to File a Complaint:** If you believe your rights have been violated, you may file a complaint with me or with the U.S. Department of Health and Human Services.

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#### **IV. CHANGES TO THIS NOTICE**

I reserve the right to change the terms of this Notice at any time. Changes will apply to all PHI I maintain. The updated Notice will be available in my office and on my website (if applicable).

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#### **ACKNOWLEDGEMENT OF RECEIPT**

You will be asked to sign a separate form acknowledging that you have received this Notice.

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