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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH & MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Summary:

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This Notice describes how your medical information may be used and disclosed. It also tells you how you can obtain access to this information.

As a patient, you have the following rights.

1. The right to inspect and copy your information;
2. The right to request corrections to your information;
3. The right to request that your information be restricted;
4. The right to request confidential communications;
5. The right to a report of disclosures of your information; and
6. The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how I will insure that your information remains private.

If you have any questions about this Notice, the name and phone number of our contact person is listed on this page.

Effective Date of this notice April 14, 2003

Contact person/**Dawn M. Roy, LCSW**

Phone Number

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Dawn M. Roy, LCSW.

Signature of client (or guardian)

Date

Witness

Date

At this office, it is required to protect the privacy of medical/health information about you and

that can be identified with you. This is called “protected health information” or “PHI” for short. I respect the privacy and confidentiality of your protected health information.

DAWN M. ROY, LCSW NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (“Notice”) describes the ways in which I may use and disclose your medical/protected health information and how you can get access to this information. Your health information is contained in your medical and billing records maintained by this Practice. It includes demographic information and information that relates to your present, past or future physical or mental health and related healthcare services. This Notice applies to uses and disclosures that I may make of all of your protected health information, whether created by me or received by me from another healthcare provider.

A. MY LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION

Federal law requires me to:

- Maintain the privacy of your protected health information that I have created or received from another healthcare provider whether it is about your past, present, or future healthcare condition;
- Maintain the privacy of your protected health information regarding payment for your healthcare;
- Notify you about how this Practice protects your protected health information:
- Explain how, when and why I use and disclose protected health information about you;
- Abide by the terms of this Notice, as currently in effect;
- Notify you if we are unable to agree to a requested restriction on how your protected health information is used or disclosed;
- Accommodate reasonable requests that you make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your protected health information for reasons other than those listed below and permitted by law.

I know that your protected health information is personal. I am committed to protecting your information. So as to provide you with good care and to insure that I follow all legal requirements, I document (in medical and financial records) the care and services that I provide to you. This Notice applies to those records.

CHANGES TO THIS NOTICE

I reserve the right to change the terms of this Notice of Privacy Practices and to make the new provisions effective for all protected health information I already have about you as well as any protected health information I create or receive in the future. If I make any changes, I will:

- a. Post the revised Notice in my office(s), which will contain the new effective date; and
- b. Make copies of the revised Notice available to you upon request

B. I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU TO PROVIDE TREATMENT TO YOU, TO OBTAIN PAYMENT FOR SERVICES RENDERED TO YOU, AND FOR HEALTHCARE OPERATIONS.

I may use and disclose your protected health information for purposes of healthcare treatment, payment and healthcare operations as described below.

1. ***For Treatment:***

- I may use and disclose your protected health information to provide you medical treatment and services and to coordinate or manage your healthcare and related services
- a. I may use or disclose your protected health information to doctors, nurses, residents, social workers, psychologists, therapists, students, volunteers or other medical staff for education and training purposes;
 - b. I may use or disclose your protected health information for planning for services, such as when I assess certain services that I may want to offer in the future;
 - c. I may use or disclose your protected information to my lawyers, consultants, accountants, and business associates;
 - d. I may combine information about several patients to determine if I should offer new services;
 - e. I may combine information about several patients to determine if new treatments are effective;
 - f. I may use protected health information to identify groups of patients who have similar health problems to give them information about treatment alternatives, programs, or new procedures;
 - g. I may use or disclose your protected health information to train students, residents, other healthcare providers or non-healthcare providers (such as billing personnel);
 - h. I may use or disclose protected health information to organizations that assess the quality of care I provide to my patients (such as government agencies or accrediting bodies);
 - i. I may use and disclose protected health information to organization that evaluate, certify or license healthcare providers, staff or facilities in a particular specialty;
 - j. I may use and disclose protected health information to assist others who may be reviewing my activities such as accountants, lawyers, consultants, risk managers, and others who assist me in complying with state and federal laws;
 - k. I may use and disclose protected health information in the process of selling my business or merging with other healthcare entities, or giving control to someone else;
 - l. I may use and disclose protected health information in the process of reviewing for healthcare fraud and abuse detection and compliance;
 - m. I may use and disclose protected health information when I develop internal protocols.
 - n. In the process of using your protected health information in the course of treatment, payment and healthcare operations, I may make incidental disclosures. I will take reasonable steps to limit incidental disclosures.

Other examples. I may disclose information as it relates to healthcare operations when I:

- a. Leave messages on your answering machine;
- b. Leave messages at your place of employment;
- c. Send appointment reminder postcards;
- d. Call to remind you of an appointment;
- e. Call you by name when you are in the office.

C. OTHER USES AND DISCLOSURES I MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Under the Health Insurance Portability and Accountability Act Privacy Regulations, I may use and disclose your protected health information in which you do not have to give authorization or otherwise have the opportunity to agree or object. "Use" refers to my internal utilization of your protected health information. Specifically, "use" under the privacy regulations means: "...with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within and entity that maintains such information." Disclosure refers to the provision of information by me to parties outside of my practice. Specifically, disclosure means: "...the release, transfer, provision of access to or divulging in any other manner, or information outside of the entity holding the information." I may make the following uses and disclosures of your protected health information without obtaining a written authorization from you in situations such as:

1. *Those Required by Law:*

I may disclose your protected health information when required to do so by law. For example, when federal, state or local law or other judicial or administrative proceedings require that I disclose information about you.

2. *Public Health Risk:*

I may disclose your protected health information for public health activities. For example, I may disclose protected health information about you if you have been exposed to a communicable disease or may otherwise be at risk of spreading a disease. Other examples may include reports about injuries or disability, reports of births and deaths, reports of child abuse and/or neglect, and reports regarding recall of products.

3. *Individuals Involved in Your Care or Payment of Your Care:*

Unless you object, I may disclose protected health information about you to a family member, relative, close personal friend, caregiver, neighbor or other person(s) you identify, including clergy, who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in payment of your care.

4. *Disaster Relief:*

Unless you object, I may disclose protected health information about you to a public or private (like the American Red Cross) for disaster relief purposes. Even if you object, I may still share information about you, if necessary for the emergency circumstances.

5. *Reporting Victims of Abuse, Neglect or Domestic Violence:*

When authorized by law or if you agree to the report and if I believe that you have been a victim of abuse, neglect or domestic violence, I may use and disclose your protected health information to notify a government authority.

6. *Health Oversight Activities:*

When authorized by law, I may disclose your protected health information to a health oversight agency. A health oversight agency is a state or federal agency that oversees the healthcare system. Some of the activities may include, for example, audits, investigations, inspections, and licensure.

7. *Judicial and Administrative Proceedings:*

I may disclose your protected health information in response to a lawsuit, dispute, court or administrative order. I also may disclose protected health information in response to a subpoena, discovery request, or other lawful process by another party involved in the action. I will make a reasonable effort to inform you about the request.

8. *Law Enforcement:*

I may disclose your protected health information for certain law enforcement purposes, including, but not limited to:

- a. Reporting certain types of wounds and/or other physical injuries (i.e. gunshot wounds);
- b. Reports required by law;
- c. Reporting emergencies or suspicious deaths;
- d. Complying with a court order, warrant, subpoena, or other legal process;
- e. Identifying or locating a suspect or missing person, material witness or fugitive;
- f. Answering certain requests for information concerning crimes, about the victim of crimes;
- g. Reporting and/or answering requests about a death we believe may be the result of a crime;
- h. Reporting criminal conduct that took place on our premises; and
- i. In emergency situations to report a crime, the location of the crime or victim or the identity, description and/or location of a person involved in the crime.

9. *Coroners, Medical Examiners, Funeral Directors, Organ/Tissue Donation Organizations:*

I may release your protected health information to a coroner, medical examiner, and funeral director. If you are an organ donor, I may release your protected health information to an organization involved in the donation of organs and tissue to enable them to carry out their lawful duties. I can release information about deceased patients to funeral directors as necessary in allowing them to carry out their duties. I may disclose protected health information about you to a coroner or medical examiner for the purposes of identifying you should you die.

10. *Research:*

In some situations, your protected health information may be used for research purposes if an institutional review board has approved the research. The institutional review board must have established procedures to insure that your protected health information remains confidential.

11. *To Avert a Serious Threat to Health or Safety:*

I may use or disclose your protected health information to someone able to help lessen or prevent the threatened harm when necessary to prevent a serious threat to your health or safety or the health or safety of public or another person. The disclosure would only be to a person or entity that would be able to help prevent the threat.

12. *Military and Veterans:*

If you are a member of the armed forces, I may use and disclose your protected health information as required by military command authorities. I may also release medical information about you if you are a member of a foreign military as required by the appropriate foreign military authority.

13. National Security and Intelligence Activities:

I may disclose protected health information to authorized federal officials conducting national security, counterintelligence, and intelligence activities authorized by law.

14. Protective Services for the President and Others:

I may disclose your protected health information to authorized federal officials as needed to provide protection to the President of the United States, other persons or foreign heads of states or to conduct certain special investigations.

15. Inmates/Law Enforcement Custody:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, I may disclose your protected health information to the correctional institution or official for certain purposes. This type of disclosure is necessary for the following reasons:

- a. To insure that the correctional institution will provide you with healthcare;
- b. To protect your own health and safety;
- c. To protect the health and safety of others; and/or
- d. For the safety and security of the correctional institution.

16. Workers' Compensation:

I may use or disclose your protected health information to comply with laws and regulations relating to workers' compensation or similar programs established by the law that provide benefits for work-related injuries and/or illnesses.

17. Appointment Reminders:

We may use or disclose protected health information to remind you about:

- a. appointments with this office
- b. appointments that I have scheduled for you with other healthcare organizations.

18. Treatment Alternatives and Health-Related Benefits and Services:

I may use or disclose your protected health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about:

- a. treatments
- b. services
- c. products
- d. other healthcare providers
- e. special programs
- f. nutritional services

19. Business Associates:

I may disclose your protected health information to our business associates under a Business Associate Agreement. Some of these business associates may include, for example:

- a. Answering Service
- b. Transcription Service
- c. Billing Services
- d. Accounting Services
- e. Attorney/legal Services

D. ANY OTHER USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, I will request that you provide me with a written authorization before I use and disclose your protected health information to anyone.

If you sign an authorization allowing me to disclose protected health information about you in a specific situation, you can later revoke (cancel) your authorization in writing.

If you cancel your authorization in writing, I will not disclose your protected health information about you after I receive your cancellation, except for disclosures, which were already being processed or made before I received your cancellation.