



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CONFIDENTIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

NOTICE OF PRIVACY PRACTICES

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

GENERAL RULES

We respect our legal obligation to keep private any confidential information that identifies you. We are obligated by law to give you notice of our privacy practices. Generally, we cannot use your confidential information outside of our office without your written permission. Sometimes the written permission will be called a consent form, and sometimes it will be called an authorization form. The type of permission form will depend upon the kind of use or disclosure that is involved. In some limited situations, the law allows or requires us to disclose your confidential information without either a written consent or authorization.

USES OR DISCLOSURES WITH CONSENT

We will ask you to sign a consent form to allow us to use and disclose your confidential information for purposes of treatment or payment. We are allowed to refuse to treat you if you do not sign the consent form. We use this information for treatment purposes when, for example, we set up an appointment for you or when our doctors prescribe medication. We may disclose your confidential information outside of our office for treatment purposes if, for example, we refer you to another doctor or clinic for treatment. We use your confidential information for payment purposes when, for example, our staff asks you about confidential care plans that you may belong to, or about other sources of payment for our services, when we prepare bills to send to you or your confidential provider, when we process payment by credit card, and when we try to collect unpaid amounts due. We may disclose your confidential information outside of our office for payment purposes when, for example, bills or claims for payment are mailed, faxed, or sent by computer to you or your confidential provider, or when we occasionally have to ask a collection agency or attorney to help us with unpaid amounts due. We may use or disclose your confidential information, for example for financial or billing audits, for internal quality assurance, for personnel decisions, to enable us to participate in managed care plans, for the defense of legal matters, and for outside storage of our records.

USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION

In some limited situations the law allows or requires us to use or disclose your confidential information without your permission.

- If there is a reason to believe there is an occurrence of child, elder or dependent adult abuse or neglect.
- If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
- If you introduce your emotional condition into a legal proceeding, or your counselor is subpoenaed to give testimony

OTHER DISCLOSURES

We will not make any other uses or disclosures of your confidential information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

YOUR RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION

The law gives you many rights regarding your mental health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) and payment of confidential care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to: the clinical director at the address or fax shown on this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing information to a different address, or by using email for your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communication, send a written request to: the clinical director at the address or fax shown on this notice.
- Ask to see or to get photocopies of your files. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your mental health information within 30 days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instruction about how to get an impartial review of our denial if one is legally required. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your confidential information, send a written request to the clinical director at the address or fax shown at the beginning of this notice.
- Ask us to amend your confidential information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your confidential information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your confidential information, we will send it along whenever we make a permitted disclosure of your confidential information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your mental health information, send a written request, including your reasons for the amendment, to: the clinical director at the address or fax shown on this notice.
- Get a list of the disclosures that we have made of your confidential information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment or confidential care operations and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request, including your reasons for the amendment, to the clinical director at the address or fax shown on this notice.
- Get additional paper copies of this Notice of Privacy Practices upon request, no matter whether it was received on electronically or in paper form already, send a written notice to the clinical director at the address or fax shown on this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this Notice, the new privacy practices will apply to your mental health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

COMPLAINTS

If you think that we have not properly respected the privacy of your confidential information, you are free to raise your concerns with us or with the US Department of Confidential and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to clinical director at the address or fax shown on this Notice. If you prefer, you can discuss your complaint in person or by phone.

Client/Parent/Guardian Name (please print)

Signature of Client/Parent/Guardian

Date