

Notice of Privacy Practices

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.

Law requires the privacy of your health information be maintained and that you are provided this notice of the legal duties and privacy practices with respect to your health information. Other than the uses and disclosures we described below, your health information will not be sold or provided to any outside marketing organization. Following are examples of use and disclosure of your health care information:

Treatment - We may disclose your health information to another health care provider, or a hospital, etc., if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.

Payment - We may have to disclose your session records and your billing records to another party (i.e. your insurance company), if they are potentially responsible for the payment of your services.

Healthcare Operations - We may need to use any information in your file for quality control purposes or any other administrative purposes to run this practice. We may need to contact you to provide appointment reminder calls, follow-up cards, or information that may be of interest to you. If you are not at home to receive an appointment reminder, a message will be left on your voicemail.

Under federal law, we are also permitted or required to use or disclose your information without your consent or authorization in the following circumstances:

- We are providing services to you based on the orders (referral) of a health care provider.
- We provide services to you in an emergency and are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

You may revoke your authorization to us at any time in writing and we are required to honor that request except to the extent that we have already taken action that required your authorization or to the extent that your insurance company may have a right to your information if they decide to contest any of your claims.

Following is a statement of your rights with respect to your protected health information, which you can exercise by presenting a request to the Privacy Officer at the practice address listed below:

- The right to request restrictions to disclosures of your protected health information, including those related to family or friends that may be involved with your care. We are, however, not required to honor these requests. If we agree with your restrictions, the restriction is binding on us.
- The right to request to receive confidential communications from us by alternate means or at alternate locations.
- The right to request amendments to your protected health information.
- The right to inspect and copy your protected health information and to receive a paper copy of this notice upon request.
- The right to request an accounting of any disclosures of your protected health information apart from treatment, payment, and healthcare operations.

You have the right to file a formal, written complaint with us in the event that you feel your privacy was violated. Written comments should be addressed to us or to the Secretary for Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg. Washington, DC 20201. We will not retaliate against you for filing a complaint.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices in effect.

Shawna Lenzion Harbin, LMP
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