

Notice of Counselor Policies and Practices to Protect the Privacy of Your Health Insurance This notice contains information about the Health Insurance Portability and Accountability Act (HIPPA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPPA requires that I provide you with a Notice of Private Practices for use and disclosure of PHI for treatment, payment and health care operations. The law requires that I obtain your signature acknowledging that I have provided you with this information. This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations *I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent.* To help clarify these terms, here are some definitions:

"PHI" refers to information in your health record that could identify you. "Treatment" is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist. "Payment" is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care to determine eligibility or coverage. "Health Care Operations" are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. "Use" applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosure" applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to others parties.

II. Use and Disclosure Requiring Authorization I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization for you before releasing this information. I will also need to obtain an authorization for releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI. You may revoke all such authorization (or PHI or psychotherapy at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I have reasonable cause to believe that a child has been subject to abuse I must report this immediately to the New Jersey Division of Youth and Family Services.

Adult and Domestic Abuse: If I reasonably believe that vulnerable adult is the subject of abuse, neglect, or exploitation, I may report the information to the county adult protective services provider.

Health Oversight: If the N J Board of Psychological Examiners or the New Jersey Board of Marriage and Family Therapies issues a subpoena, I may be compelled to testify before the Board and produce your relevant records and papers.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and or the records thereof, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative, or court order. This privilege does case.

Serious Threat to Health or Safety: If you communicate to me a threat of imminent serious physical violence against a readily identifiable victim or yourself or the public and I believe you intend to carry out that threat, I must take steps to warn and protect. I also must take such steps if I believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps I take to warn and protect may include arranging for you to be admitted to a psychiatric unit or hospital or other health care facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the victim is under 18, and warning your parents if you are under 18.

Workers Compensation: If you file a worker's compensation claim, I may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.

IV. Patient Rights and Counselor Duties

Patient Rights:

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know you are seeing me. Upon your request, I will send bills to another address.)

Right to Inspect and Copy: You have the right to inspect and or/obtain a copy of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you if the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have the right to have this decision reviewed.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the request and denial process.

Right to an Accounting: You generally have a right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Counselor Duties: I am required by law to maintain the privacy of the PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide the terms currently in effect. If I revise my policies and procedures, I will provide you with a revision in this office.

V. Questions and Complaints If you have questions about this notice, disagree with a decision I make about access to your records, believe your privacy rights have been violated, or have other concerns about your privacy rights, you may send a written complaint to the Secretary of U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHIH that I maintain. Should changes be made, I will provide you with a revised notice.