

# HIPPA Notice of Privacy Practices

Chabot Counseling LLC

Grace Nuzzi-Chabot, LCSW

PO Box 744 Voorhees, NJ 08043

grace@chabotcounseling.com

856-226-7053

## HIPAA NOTICE OF PRIVACY PRACTICES

**I. THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

### **II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.**

By law I am required to ensure that your PHI is kept private. The PHI consists of information that was created or recorded by me in our work together that can be used to identify you. It contains information about your past, present, or future health or condition, the provision of health care services to you, and/or the payment for your health care. I am required to provide you with this Notice about privacy procedures.

This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my scope of practice; PHI is disclosed when I release, transfer, give, or otherwise reveal your information to a third party outside of my practice. Generally, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file. Before I make any important changes to my policies, I will change this Notice and provide a copy to you and post a new copy of it on my website.]

### **III. HOW I WILL USE AND DISCLOSE YOUR PHI.**

I may need to use and disclose your PHI for many different reasons. Some of the uses or disclosures may require your prior written authorization; others, however, will not. Below you will find the type of uses and disclosures.

**A. Uses and Disclosures Related to Treatment or Payment.** I may use and disclose your PHI without your consent, unless otherwise required by law, for the following reasons:

1. For Treatment. I may disclose your PHI to other health care professionals who provide you with health care services or are otherwise involved in your care.
2. For Health Care Operations. I may disclose your PHI to facilitate the proper and efficient operation control of my practice.
3. To Obtain Payment for Treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services provided.

4. Patient Incapacitation or Emergency. I may disclose your PHI without your consent if you are incapacitated or if an emergency exists.

**B. Certain Other Uses and Disclosures Do Not Require Your Consent.**

I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state, or local law, judicial board, administrative proceedings, or law enforcement.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
4. To avoid harm. I may provide PHI to emergency or law enforcement to prevent or mitigate a serious threat to the health or safety of a person or the public.
5. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if it is determined that disclosure is necessary to prevent the threatened danger.
6. Pursuant to a court order or a judicially ordered subpoena.
7. For public health activities, for health oversight activities, and for permitted specific government functions.
8. For research purposes. In certain circumstances, I may provide PHI in order to conduct research.
9. For Workers' Compensation purposes. I may provide PHI in order to comply with Workers Compensation laws.
10. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to a subpoena for mental health record) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
11. If disclosure is otherwise specifically required by law.
12. I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an

authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming I have not taken any action subsequent to the original authorization) of your PHI.

#### **IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

These are your rights with respect to your PHI:

**A. The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I am not in possession of your PHI, but know who does have possession, I will advise you how you can obtain that information. You will receive a response from me within 30 days of receiving your written request. Under certain circumstances, I may feel that I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have the denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$0.75 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

**B. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. I do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**C. The Right to Choose How I Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method. I am obliged to agree to your request providing that I can give you the PHI in the format you requested without undue inconvenience.

**D. The Right to Get a List of the Disclosures I Have Made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, sent directly to you, or to your family. The list will also not include disclosures made for national security purposes or to corrections or law enforcement personnel. All disclosure records will be held for six years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

**E. The Right to Amend Your PHI.** If you believe there is some error in your PHI or important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone else. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the changes to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the changes to your PHI.

**F. The Right to Get This Notice by Email.** You have the right to receive this notice by email. You have the right to request a paper copy of it, as well. An updated copy will also always be provided to you and posted on my website.

#### **HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If, in your opinion, I may have violated your privacy rights, or if you object to a decision that was made about access to your PHI, you are entitled to file a complaint with the **Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201**. If you file a complaint about my privacy practices, I will take no retaliatory action against you

**BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

Client Signature and Date