



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you have access to it.

Protected health information about you is obtained as a record of your contacts or visits for healthcare services with Beth M. Warren, MA., LPC-S. This information is called protected health information. Specifically, “Protected Health Information” is information about you, including demographic information (i.e., name, address, phone, etc.) that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

Beth M. Warren, MA., LPC-S is required to follow specific rules on maintaining the confidentiality of your protected health information, how my staff uses your information, and how we disclose or share this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected health information. It also describes how I follow those rules and use and disclose your protected health information to provide your treatment, obtain payment for services you receive, manage our health care operations and for other purposes that are permitted or required by law.

Your Rights Under the Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with me.

You have the right to receive and I am required to provide you with a copy of this Notice of Privacy Practices – I am required to follow the terms of this notice. I reserve the right to change the terms of our notice, at any time. If needed, new versions of this notice will be effective for all protected health information that I maintain at that time. Upon your request, I will provide you with a revised Notice of Privacy Practices if you call my office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

You have the right to authorize other use and disclosure - This means you have the right to authorize or deny any other use or disclosure of protected health information not specified in this notice. You may revoke an authorization, at any time, in writing, except to the extent that your physician or my office has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to designate a personal representative –This means you may designate a person with the delegated authority to consent to, or authorize the use or disclosure of protected health information.

You have the right to inspect and copy your protected health information- This means you may inspect and obtain a copy of protected health information about you that is contained in your patient record. In certain cases we may deny your request.

You have the right to request a restriction of your protected health information – This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment of healthcare operations. You may also request that any part of your protected health information not be disclosed to family member or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. In certain cases we may deny your request for a restriction.

*You may have the right to have us amend your protected health information –*This means you may request an amendment of your protected health information for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

How I May Use or Disclose Protected Health Information

Following are examples of use and disclosure of your protected health care information that I am permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

For Treatment – I may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that is involved in your care and treatment. For example, I would disclose your protected health information, as necessary, to a pharmacy that would fill your prescription. I will also disclose protected health information to other physicians who may be involved in your care and treatment. I may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

For Payment – Your protected health information will be used, as needed, to obtain payment for my health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services I recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For Healthcare Operations – We may use or disclose, as needed, your protected health information in order to support the business activities of our practices. This includes, but is not limited to business planning and development, quality assessment and improvement medical review, legal services, and auditing functions. It is also included education, provider credentialing, certification, underwriting, rating, or other insurance related activities. Additionally it includes business administrative activities such as customer service, compliance with privacy requirements, internal grievance procedures, due diligence in connection with the sale or transfer of assets, and creating de-identified information.

Other Permitted and Required Uses and Disclosures

I may also use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

To others Involved in Your Healthcare – Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, I may disclose such information as necessary if I determine that it is in your best interest based on my professional judgment. I may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death. If you are not present or able to agree or object to the use or disclosure of the protected health information, then I may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protect health information that is relevant to your health care will be disclosed.

As Required by Law- I may use or disclose your protected health information to the extent that the law requires the use or disclosure.

For Health Oversight – I may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

In Case of Abuse or Neglect- I may disclose your protected health information to a public health authority that is authorized by law to received reports of child abuse or neglect. In addition, we may disclose your protected health information if I believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, file disclosure will be made consistent with the requirements of applicable federal and state laws.

For Legal Proceedings – I may disclose protected health information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Required Uses and Disclosures - Under the law, I must make disclosure about you and when required by the Secretary of the Department of Health and Human Services to investigate or determine my compliance with the requirement of the Privacy Rule.

Complaints

You may complain to me or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by me. You may file a complaint with me by notifying me of your complaint or by calling 1-800-942-5540.

By signing below, you confirm that you have read the above information regarding your Private Healthcare Information.

(Signature of client, or in the case of a minor, their legal guardian)

(Date)

(Printed name of client)