

Notice of Privacy Practices

This notice describes how medical/mental health information about you may be used and disclosed, and how you can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. Information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable federal, state, and local laws, and the *NASW Code of Ethics*. It also describes your rights regarding how you may access and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices. I am required to abide by the terms of my Notice of Privacy Practices. I reserve the right to change the terms of this Notice at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, providing one to you at your next appointment, or sending a copy to you in the mail upon request.

HOW I MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

For Treatment. I may use your PHI to contact you about your appointments, or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest. I will not disclose your PHI to any consultant that I use unless I have your authorization.

For Payment. I may use and disclose PHI so that I can receive payment for the treatment services provided to you. For example, if I am billing your insurance directly, I may disclose PHI for the purpose of making a determination of eligibility or coverage for insurance benefits, processing claims, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. However, if I am not billing your insurance carrier directly, I will only disclose PHI with your authorization. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use or disclose, as needed, your PHI in order to operate my practice. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or legal services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. I will not use or disclose your PHI for training or teaching purposes unless I have your authorization.

Required by Law. Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Uses and Disclosures Without Your Consent or Authorization

The following is a list of the categories of uses and disclosures permitted by HIPAA without your authorization. Applicable law and ethical standards permit me to disclose information about you without

your authorization only in a limited number of situations. Also, as a social worker licensed in New York and as a member of the National Association of Social Workers (NASW), it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization; as such the following addresses these categories to the extent consistent with both the *NASW Code of Ethics* and HIPAA.

Mandated Reporting. I may have to disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect, dependent adult abuse or neglect, or elder abuse or neglect when I am mandated to do so by law.

Judicial and Administrative Proceedings. I may have to disclose your PHI in response to a court order, administrative order, or similar process. I may disclose your PHI pursuant to a subpoena if I have your authorization.

Medical Emergencies or Incapacitation. I may use or disclose your PHI if you are incapacitated or in a medical emergency situation in order to prevent serious harm. I will try to get your authorization as soon as it is reasonably practical.

Family Involvement in Care. I may disclose information to close family members or friends directly involved in your treatment *based on your consent*, or if necessary to prevent serious harm to yourself or others.

Health Oversight. If required, I may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that perform utilization and quality control.

Law Enforcement. I may disclose your PHI to a law enforcement official as required by law, such as due to a court order, administrative order, or similar document. I may also disclose your PHI if necessary to avert a serious threat to the safety or health of others (e.g. duty to warn).

Specialized Government Functions. If you are in the military, I may be required to disclose your PHI to U.S. military command authorities, authorized officials for national security and intelligence reasons, or to the Department of State for medical suitability determinations.

Public Health. If required by law, I may use or disclose your PHI to a public health authority authorized to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. I may disclose your PHI if necessary to prevent or lessen a serious threat to the health or safety of a person or the public (e.g. duty to warn); disclosure will only be made to people reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission

I may use or disclose your information to family members, health care providers, or other people that are directly involved in your treatment, with your verbal permission.

With Authorization

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked by you.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI that I maintain about you. To exercise any of these rights, please submit your request in writing to me, Alexi Saldamando; I serve as the Privacy Officer for my practice.

- **Right to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions on Uses and Disclosures.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request and may not be able to honor it if such uses or disclosures of PHI are required by law. However, if you are a self-pay client and you do not want me to disclose information to your insurance provider, I must comply.
- **Right to Choose How I Send PHI to You.** You have the right to request that I communicate with you or send information to you in a certain way, or to a certain mail or e-mail address.
- **Breach Notification.** If there is a breach of your PHI, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with me, Alexi Saldamando, at 257 15th Street, Suite 203, Brooklyn, NY 11215. You can also submit a complaint to the Secretary of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. **I will not retaliate against you for filing a complaint.**

The effective date of this notice is May 1, 2012.