

## Henriett A Gonzales-Guillaury LMHC

### 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.**

**The Health Information Portability and Accountability (HIPAA)** is a federal law that requires this practice to maintain the privacy of your protected health information (PHI) and to provide you with notice of the practice's legal duties and privacy policies with respect to your protected health information.

**Protected health information** includes all "individually identifiable health information" held or transmitted by the practice in any form of media, whether electronic, paper, or oral about your past, present or future physical or mental health condition; the provision of health care to you; the past, present, or future payment for the provision of health care to you if you use your insurance.

#### USES AND DISCLOSURES OF PHI

**Your Provider protects your health information from inappropriate use and disclosure, and will use and disclose your health information for only the purposes listed below:**

1. **Uses and Disclosures for Treatment, Payment and Health Care Operations.** Your Provider may use and disclose your protected health information in order to provide your care or treatment, obtain payment for services provided to you and in order to conduct our health care operations as detailed below.

**a, Treatment and Care Management:** This practice may use and disclose health information about you to facilitate treatment, and coordinate and manage your care with other health care providers.

**b, Payment:** This practice may use and disclose health information about you for our own payment purposes and to assist in the payment activities of other health care providers. Payment activities include, without limitation, determining your eligibility for benefits and obtaining payment from insurers that may be responsible for providing coverage to you, including Federal and State entities.

**c, Health Care Operations:** This practice may use and disclose health information about you to support health care functions related to treatment and payment, which include, without limitation, care management, quality improvement activities, evaluating this practice's own performance and resolving any complaints or grievances you may have. We may also use and disclose your health information to assist other health care providers in performing health care operations.

2. **Uses and Disclosures Without Your Consent or Authorization.** This practice may use and disclose your health information without your specific written authorization for the following purposes:

**a, As required by law:** This practice may use and disclose your health information as required by state, federal and local law.

**b, Public health activities:** This practice may disclose your health information to public authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability, reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.

**c, Victims of abuse, neglect or domestic violence:** This practice may disclose your health information to an appropriate government agency if this practice believes you are a victim of abuse, neglect, domestic violence and you agree to the disclosure or the disclosure is required or permitted by law. I will let you know if I disclose your health information for this purpose unless I believe that advising you or your caregiver would place you or another person at risk of serious harm.

**d, Health oversight activities:** This practice may disclose your health information to federal or state health oversight agencies for activities authorized by law such as audits, investigations, inspections and licensing surveys.

**e, Judicial and administrative proceedings:** This practice may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

**f, Law enforcement purposes:** This practice may disclose your health information to a law enforcement agency to respond to a court order, warrant, summons or similar process, to help identify or locate a suspect or missing person, to provide information about a victim of a crime, a death that may be the result of criminal activity, or criminal conduct on our premises, or, in emergency situations, to report a crime, the location of the crime or the victims, or the identity, location or description of the person who committed the crime.

**g, Deceased individuals:** This practice may disclose your health information to a coroner, medical examiner or a funeral director as necessary and as authorized by law.

**h, Organ or tissue donations:** This practice may disclose your health information to organ procurement organizations and similar entities.

**i, For research:** This practice may use or disclose your health information for research purposes. I will use or disclose your health information for research purposes only with the approval of our Institutional Review Board, which must follow a special approval process. When required, we will obtain a written authorization from you prior to using your health information for research.

**j, Health or safety:** This practice may use or disclose your health information to prevent or lessen a threat to the health or safety of you or the general public. I may also disclose your health information to public or private disaster relief organizations such as the Red Cross or other organizations participating in bio-terrorism countermeasures.

**k. Specialized government functions:** This practice may use or disclose your health information to provide assistance for certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, I may disclose your health information to appropriate military authority as is deemed necessary. I may also disclose your health information to federal officials for lawful intelligence or national security activities.

**l. Workers' compensation:** This practice may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.

**m, Individuals involved in your care:** This practice may disclose your health information to a family member, other relative or close personal friend assisting you in receiving health care services. If you are available, I will give you an opportunity to object to these disclosures, and I will not make these disclosures if you object.

If you are not available, I will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon my professional judgment.

**n, Appointments, Information and Services:** This practice may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

**o, Incidental Uses and Disclosures:** Incidental uses and disclosures of your health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are byproducts of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

## YOUR RIGHTS

**Get an electronic or paper copy of your record:** You can ask to see or get an electronic or paper copy of your medical record and other health information. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

**Ask us to correct your medical record:** You can ask to correct health information about you that you think is incorrect or incomplete. I may say “no” to your request, but I will tell you why in writing within 60 days.

**Request confidential communications:** You can ask to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.

**Ask to limit what we use or share:** You can ask not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information:** You can ask for a list (accounting) of the times this practice have shared your health information for six years prior to the date you ask. This practice will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

**Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). The practice will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to me. Tell me what you want us to do, and I follow your instructions. In these cases, you have both the right and choice to tell me to share information with your family, close friends, or others involved in your care

The practice will never share your information for Marketing purposes or for sale of your information.

## THE PROVIDER'S RESPONSIBILITIES

This practice is required by law to maintain the privacy and security of your protected health information.

I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

This practice must follow the duties and privacy practices described in this notice and give you a copy of it.

This practice will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice:** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

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

Signature and date: \_\_\_\_\_