



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.

Our Commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information. We are required also by law to do this. These laws are complicated, but we must provide you with important information. This pamphlet is a shorter version of the full legally required Notice of Privacy Practice, which you can request and review for more information. However, we can't cover all possible situations so please talk to us about any questions or problems.

We will use the information about your health which we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities which are called, in the law, health care **operations**. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this.

Of course we will keep your health information private, but there are some times when the laws require us to use or share it such as:

- 1) When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
- 2) Some lawsuits and legal or court proceedings.
- 3) If a law enforcement official requires us to do so.
- 4) For Workers Compensation and similar benefit programs.

There are some other situations like these which do not happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

- 1) You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.

- 2) You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
- 3) You have the right to look at the health information we have about you such as your medical and billing records. This does not include psychotherapy notes.
- 4) If you believe the information in you records is incorrect or incomplete, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to us. You must tell us the reasons you want to make the changes.
- 5) You have the right to a copy of this notice. If we change this NPP we will notify you, and you can always get a copy of the NPP from us.
- 6) You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with Drs. Hoffman and the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If there is a breach of your confidentiality, then we must inform you as well as Health And Human Services. A breach means that information has been released without authorization or without legal authority unless we (the covered entity) can show that there was a low risk that the PHI (Protected Health Information) has been compromised because the unauthorized person did not view the PHI or it was de-identified.

If you are self-pay, then you may restrict the information sent to insurance companies.

Most uses and disclosure of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosure not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases that are not mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse reporting of impaired drivers, etc.).

You have a right to receive a copy of your Protected Health Information in an electronic/paper format or (through a written authorization) designate a third party who may receive such information.

If you have any questions regarding this notice or our health information privacy policies, please contact Dr. Lowell or Dr. Marie Hoffman at (610) 395-3005.

The effective date of this notice is September 23, 2013.

Signature

Date