

Notice of Privacy Practices

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. Exceptions to confidentiality are detailed below. Although many may not apply to you, please read them all carefully and ask any questions.

My commitment to your privacy

I am dedicated to maintaining the privacy of your health information. Being required by law to maintain the confidentiality of your health information, I am also required to provide you with the following important information:

Use and disclosure of your health information in certain special circumstances

The following circumstances may require me to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official, for example by subpoena.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. I will only make disclosures to another person or organization able to help prevent the threat. Examples of this include:
 1. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, and/or seeking appropriate hospitalization. If a client threatens to harm him/herself, I may be required to seek hospitalization and/or to contact family members or others who can help provide protection.
 2. If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.
 3. If I assess a client to be a danger to self, or unable to take care of him/herself, I may notify appropriate authorities.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by appropriate authorities for national security.
6. To federal officials for intelligence or national security activities authorized by law.

7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

8. For lawsuits or claims for Workers Compensation and similar programs.

Please note: Your health information does not include progress notes and are therefore not subject to disclosure to an outside party.

Additional disclosures:

1. To obtain payment for treatment from your insurance company or health plan.

2. To disclose health information to others without your consent if you are incapacitated or if an emergency exists.

3. To remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that may be of interest to you.

Your rights regarding your health information

1. Communications: You can request that I communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that I contact you at home rather than at work. I will accommodate all reasonable requests.

2. Restrictions: You can request a restriction in the use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that I restrict disclosure of your health information to only certain individuals involved in your care or payment for your care, such as family members and friends. If you are referred to a physician or if I refer you to a physician for additional care, disclosure of your health information will most likely be made to that physician. I am not required to agree to a request not to do so; however, if I do agree, I am bound by this agreement except when required by law, in emergencies, or when the information is necessary to treat you.

3. An accounting of disclosures: You can request to receive an accounting of certain disclosures of your health information I have made, if any.

4. Receiving a copy of your health records: You can inspect and receive a copy of your health information that may be used to make decisions about your care, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing. I will respond to your request within 30 days. In certain situations, I may deny your

request, and if I do, I will explain the reasons for the denial and explain your right to have the denial reviewed. Also, instead of providing the health information you request, you may be provided with a summary or explanation as long as you agree to receive one. I hold records for seven (7) years after termination.

5. Amending your health information: You may ask me to amend your health information if you believe it is incorrect or incomplete. To request an amendment, you must provide the request and your reason for the request in writing. I will respond within 60 days. I may deny the request in writing if I feel your health information is correct and complete, are not part of my records, or may cause you harm. I will state the reasons for a denial and explain that your request and denial be attached to all future disclosures. If I approve your request, I will make the change and inform you that it has been done.

6. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask me to give you a copy at any time.

7. If you believe that your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

8. I will obtain your written authorization for uses and disclosures that are not identified in this notice or permitted by applicable law.

9. I reserve the right to change this Notice in the future, and before any important changes to my policies are made, I will promptly change this Notice and offer you a new copy of the policy.

CONFIDENTIALITY - As It Applies to Involvement in Couple/Family Therapy

If you are attending therapy with loved one, there is an additional caveat to confidentiality. Specifically, my assumption is that anything you communicate to me individually by phone, email, or any other means may be important to bring up and work on in a couple therapy session, and I reserve the right (but not the obligation) to share that information with your loved one.