

### **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.

Your health record contains personal information about you and your health. This information is considered Protected Health Information (PHI), and could identify you as well as details about your past, present, or future physical or mental health and medical services. This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and professional ethics. It also describes your rights regarding how you may gain access to your PHI.

As one of your health care providers, I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am also required to abide by the terms of these Privacy Practices, and reserve the right to change the terms of these Privacy Practices at any time. Any change I make will apply to all PHI that I maintain at that time. I will provide you with a revised copy.

#### **Section A: How I may use and disclose your PHI**

1. For treatment. To provide therapy and other services to you, including consultation with other professionals about your care. I will obtain your consent before disclosing your PHI for treatment purposes if state law requires me to do so.
2. For payment. To bill and collect payment for services provided to you, including disclosing PHI to your health insurance company for services provided and to billing companies to process claims. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the amount of PHI necessary for purposes of collection. I will obtain your consent before disclosing your PHI for payment purposes if state law requires me to do so.
3. For health care operations. To operate this practice; for example, I may use PHI in order to evaluate the quality of services that you receive. I may also disclose PHI to accountants, attorneys, and others in order to make sure I am complying with the laws that affect me. I will obtain your consent before disclosing your PHI for the purposes of my health care operations if state law requires me to do so.

#### **Section B: Other uses of PHI**

1. Reports required by the law. I may disclose PHI when legally required to do so; for example, to make mandatory reports to various government agencies about suspected abuse, mistreatment, neglect, or exploitation of children, the elderly, and those with developmental disabilities.
2. Health oversight. I may disclose your PHI to certain government agencies authorized by law to license, audit, inspect, or investigate health and mental health care providers and the health care system.

3. To avoid harm. Consistent with state law, I may disclose PHI to the police or other appropriate persons in order to avoid a serious threat to the health or safety of a client, another person, or the public.
4. Legal proceedings. I may disclose PHI pursuant to a valid court order, search warrant, and, under certain circumstances, in response to a subpoena or other discovery request, including if a client brings action against me, and disclosure is necessary or relevant to a defense.
5. As required by law. I will disclose PHI when required to do so by federal or state law.

#### Your rights regarding your PHI

You (or your authorized representative) have the following rights regarding your PHI that I maintain. I must ask for your written authorization for any use or disclosure of PHI not described in Sections A and B. This authorization will be time specific, and you may later revoke it, in writing, at any time and stop any future use or disclosure of your PHI based on it. You can withdraw an authorization by written request to: *Dr. Susan Sabol, Privacy Officer, 2730 South County Trail, East Greenwich, RI 02818.*

1. Right to request limits on my use and disclosure of PHI. You may ask that I limit how I use and disclose your PHI. I will consider your request, but am not legally required to agree to it. If I agree to your request, I will comply with your limits except in emergency situations.
2. Right to choose how I send PHI to you. You may ask that I send information to you at a different address (for example, your work rather than your home address). I will agree to your request as long as I can easily provide the information in the way you requested.
3. Right to view and get a copy of your PHI. You have the right to view or obtain a copy of your PHI. Your request must be in writing. There are some circumstances in which I may deny your request. If I deny your request, I will tell you, in writing, my reasons for the denial and explain what appeal rights, if any, you have. If you request a copy of your PHI, I may charge a fee for it if permitted to do so by law. Instead of providing the PHI you requested, I may offer to give you a summary or explanation of the PHI, as long as you agree to it, and to the associated cost, in advance. To view or obtain a copy of your PHI, please send a written request to: *Dr. Susan Sabol, Privacy Officer, 2730 South County Trail, East Greenwich, RI 02818.*
4. Right to a list of the disclosures of your PHI that I have made. You have the right to an accounting of disclosures that I made of your PHI to others. Some disclosures will not be listed; for example, those made for the purposes of treatment, payment, or health care operations, those you authorized, or those made directly to you. I may charge you a fee if you request more than one accounting in any 12-month period.
5. Right to correct or update your PHI. If you feel there is incorrect or incomplete information in your PHI that originated with me, you may request to amend the information. Your request must be in writing and include the reason(s) for the amendment. Please send your written request to: *Dr. Susan Sabol, Privacy Officer, 2730 South County Trail, East Greenwich, RI 02818.* Per HIPAA law, I will have 60 days to respond, with an option for a 30-day extension. I may deny your request for a variety of reasons. If I deny your request, I will inform you in writing of the reason(s) for the denial. You have the right to submit a written disagreement that will be

included in your record. If I agree to your request, I will change your PHI, inform you of the change, and tell others who need to know about the change.

6. Right to a paper copy of this Notice. You have the right to a paper copy of this Notice at any time.

If you have any questions about this notice, please contact me.

Complaints

If you feel that I have violated your privacy rights, you have the right to file a complaint in writing with me or with the Secretary of the Department of Health and Human Services. DHHS requires that all complaints be in writing and signed. You may mail your letter and any supporting documents to: Rhode Island Department of Health, Complaint Unit, Room 205, 3 Capitol Hill, Providence, RI 02908. The Complaint Unit can also send you a complaint form by calling 401-222-5200. Please submit any complaint to: Dr. Susan Sabol, Privacy Officer, 2730 South County Trail, East Greenwich, RI 02818. A complaint must name the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Notice of Privacy Practices. A complaint must be received by Dr. Sabol or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. I will not retaliate against you for filing a complaint.

This Notice is effective as of April 4, 2012.

I, \_\_\_\_\_, have received a copy of and understand this Notice of Privacy Practices.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_