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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Introduction:

This notice will tell you about how to handle information about you or your child. It tells how I use this information in this office, how I share it with other professionals and organizations, and how you can view it. I am required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and I do not want to include much that may not apply to you, I have simplified some parts.

B. What is meant by your medical information:

Each time you visit any health care professional's office, hospital, clinic, or any other "healthcare provider," information is collected about you and your physical and /or mental health. It may be information about your past, present or future health conditions, or the treatment or other services you got there or from others, or about payment for healthcare. The information is called, in the law, **PHI**, which stands for **Protected Health Information**. This information goes into your medical or healthcare record or file. In this office this PHI is likely to include these kinds of information:

- Your history - as a child, in school and at work, as well as marital and personal history.
- Reasons you came for treatment, including problems, complaints, symptoms, needs, and goals.
- A treatment plan - Treatments and other services, which I think will best serve you.
- Progress notes - When I work with you, I write some things down about how you are doing as well as my observations.
- Records I get from others who treated or evaluated you.
- Psychological test scores, school records etc.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea, and there may be other kinds of information that go into your healthcare record.

This information may be used for several purposes, including:

- to plan your care and treatment.
- To judge how well treatment is working for you.
- For communication with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received the services from me which are billed to you. When you understand what is in your record and what it is used for, you can make better decisions about whom, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing, you can ask me to amend (add information to) your record. In some rare situations, I do not have to agree to do that.

C. Privacy and the laws:

The HIPPA law requires me to keep your PHI private and to give you this notice of my legal duties and my privacy practices, which is called the **Notice of Privacy Practices** or **NPP**. I will obey the rules of this notice as long as it is in effect, but if I change it, the rules of the new NPP will apply to the entire PHI I keep. A revised Notice of Privacy may be obtained by forwarding a written request to me.

D. How your protected health information can be used and shared:

When your information is read by me, that is called, in the law, "use." If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." Except in some special circumstances, when I use your PHI or disclose it to others, I share only the minimum necessary PHI needed for that purpose. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed.

I use and disclose PHI for several reasons. Mainly, I will use and disclose (share) it for routine purposes, and I will explain more about these below. For other uses, I must tell you about them and have a written Authorization form – unless the law lets or requires me to make the use or disclosure without your authorization. However, the law also says that I am allowed to make some uses and disclosures without your consent or authorization.

1. Uses and disclosures of PHI in healthcare with your consent:

After you have read this Notice you will be asked to sign a separate Consent form to allow me to use and share your PHI. In almost all cases, I intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for services, or some other business functions called health care operations. Together these routine purposes are called **TPO (Treatment, Payment, Operations)** and the Consent form allows me to use and disclose your PHI for TPO.

1a. For Treatment, payment, or health care operations:

I need information about you and your condition to provide care to you. Your agreement to let me collect the information, use it and share it, as necessary, is our partnership in treatment and enables me to care for you properly.

For treatment:

I use your medical information to provide you with educational therapy treatment or services. These might include individual, or family, treatment planning.

Subject to your authorization, you and I may need to share or disclose your PHI to others who provide treatment to your child. I may share information with your personal physician. If a team is treating you, I may share some of your PHI with them so that the services you receive can be coordinated. They will also enter their findings, the actions you took, and their plans into your record so we all can judge what treatments work best for you and develop a Treatment Plan. I may refer you to other professionals or consultants for services I cannot offer such as special testing or treatments. When I do this, I need to tell them some things about you and your conditions. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, I may also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment:

I will use your information to bill you for the treatment I provide for you. I may speak with your insurance company, if they call me about reimbursements. I may have to tell them about your diagnoses, what treatment you have received, and what I expect as I treat you. I will need to tell them about when we met, your progress, and other similar things.

For health care operation:

There are some other ways I may use or disclose your PHI, which are called health care operations. For example, I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and identity will be removed from what I send.

1b. Other uses in healthcare:

Appointment Reminders: I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want to be called or written to only at your home or your work or prefer some other way to reach you, I usually can arrange that.

Research: I may use or share your information to do research. In all cases your name, address and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.

2. Uses and disclosures requiring your Authorization:

If I want to use your information for any purpose besides the TPO or those described above, I need your permission on an Authorization form. I do not expect to need this very often.

If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, I will not use or disclose your information for the purposes that we agreed to. Of course, I cannot take back any information I had already disclosed with your permission.

3. Uses and disclosures of PHI for mental health records not requiring Consent or Authorization:

The laws let me use and disclose some of your PHI without your consent or authorization in some cases.

When required by law

There are some federal, state, or local laws that require me to disclose PHI.

- I have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- I have to release (disclose) some information to the government agencies, which check on me to see that I am obeying the privacy laws.

For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, and to Workers' Compensation programs.

To Prevent a Serious Threat to Health or Safety

If I come to believe that there is a serious threat to your health or safety or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

4. Uses and disclosures requiring you to have an opportunity to object:

With your permission, I can share some information about you with your family or close others. I will share information with those involved in your care and anyone else you choose, such as close friends or clergy. I will ask you about who you want me to tell information about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

If it is an emergency – so I cannot ask if you disagree – I can share information, if I believe that it is what you would have wanted, and I believe it will help you. If I don't

approve, I will stop, as long as it is not against the law.

5. An accounting of disclosures:

When I disclose your PHI, I keep some records of whom I sent it to, when I sent it, and what I sent. You can get an account (a list) of many of these disclosures.

E. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to me. If you have problems with how your PHI has been handled or if you believe your privacy rights have been violated, tell me. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I will not in any way limit your care here or take any actions against you if you complain.

The effective date of this notice is _____

