



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you consent, I am permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations.

- An example of use of your health care information for treatment purposes is consultation between health care providers for your benefit.
- Examples of use of your health care information for payment purposes are to:
 - (1) process claims
 - (2) verify your insurance coverage and
 - (3) obtain authorization for additional sessions.
- An example of use of your health care information for health care operations is a review of your records by a state licensing authority to assure that I have complied with state law regarding your care.

In general, law protects the confidentiality of all communications between a client and a therapist. I can only release information to others about our work with your written permission. However, there are a number of exceptions. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

There are some situations in which I am legally required to take action to protect you and/or others from harm even though that requires revealing some information about your treatment without obtaining your consent.

- I am required by law to report suspected child abuse or neglect to the authorities.
- If, in my professional opinion, it seems likely that you may harm yourself, I am required to take steps to try to protect you including telling others such as relatives, police, or other health care providers who can assist in protecting you.
- I am required by law to report intent to harm another person. If, in my professional judgement, I believe that you have serious intent to harm someone, I must take steps to warn or protect that person by informing that person, the police, and/or health care providers.
- If you are involved in certain court or litigation proceedings, I may be required by law to reveal information about your treatment. These situations include child custody and visitation disputes, cases in which your mental health is a factor in the lawsuit, civil commitment hearings, court-ordered treatment, or lawsuits or formal complaint against me.



- I may use and disclose your health information for law enforcement purposes to a law enforcement official if required by law, or where permitted by law, or in response to a valid subpoena or for law enforcement officials to identify or locate an individual.

In addition:

- I may need to consult with other therapists about your treatment, but in doing so would not reveal your name or other identifying information about you without your consent.
- When I am away or unavailable, another licensed therapist will cover for me. In some emergency situations, information may be provided to the covering therapist or another professional so that emergency treatment may be provided to you.
- If you use your health insurance and/or EAP benefits, I will need to release diagnostic and treatment information necessary to process claims and/or obtain authorization for continued treatment. Once your insurance company receives this information, I can not control how it will be used.
- I may need to hire a consultant/technician to address computer issues. Also, there may be clerical personnel handling confidential information. These people have agreed, in writing, to maintain your confidentiality.
- If you are seeking compensation through Workers Compensation, I will disclose your protected health information to the extent necessary to comply with laws related to Workers Compensation.
- I will also use and disclose your information when required by the Secretary of Health and Human Services for purposes of investigating or determining compliance with the privacy law.

Your Health Information Rights:

The health record and billing records I maintain are the physical property of this office. The information in them, however, belongs to you. You have a right to:

- Request, in writing, that you be allowed to inspect and receive a copy of your health and billing record.
- Request, in writing, a restriction on certain uses of your protected health information. I am not required to agree to your requested restrictions.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request, in writing, that your health care record be amended to correct incomplete or incorrect information.
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures except for disclosures for claims processing.
- Revoke any authorizations that you made previously to use or disclose information, except to the extent action has already been taken, by notifying me in writing.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.



My Responsibilities:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to my duties and privacy practices as to the information I collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if I cannot accommodate a requested restriction or request. Accommodate your reasonable requests regarding methods to communicate health information to you.

I reserve the right to amend, change, or eliminate provisions in my privacy practices and access practices and to enact new provisions regarding the protected health information I maintain. If my information practices change, I will amend the Notice to reflect these changes. You are entitled to receive a revised copy of the Notice.

To Request Information or File a Complaint:

- If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may discuss it with me at any time.
- If you believe I have violated your privacy rights you have the right to file a complaint in writing with me (the privacy officer).
- You may also file a complaint with the New Jersey Board of Social Work Examiners (973) 504-6495 and/or the Secretary of Health and Human Services, (202) 619-0257. **I will not retaliate against you for filing a complaint.**
- You may also file a complaint with the New Jersey Board of Marriage & Family Therapy Exam (973-504-6415, and/or the Secretary of Health and Human Services, (202-619-0257) **I will not retaliate against you for filing a complaint.**
- Other uses and disclosures in addition to those identified in this Notice will be made only as otherwise authorized by law or with your written authorization. You may revoke your authorization as stated under your health information rights.

RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature:

I acknowledge that I have received a copy of the Notice of Privacy Practices. Furthermore, I give my permission to Comprehensive Counseling Center to use and disclose my protected health information according to the terms of the Notice of Privacy Practices.

Signature of Client OR Parent/Guardian if client is under 18

Date _____

Print name (and relationship if other than client)

