

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your “protected health information” (PHI) to carryout our treatment, payment or health care operations and for other purposes that are required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at the time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:**

Your PHI may be used and disclosed by your therapist and others outside of this office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the therapists practice. Following are examples of the types of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by this office.

**TREATMENT:** We will use and disclose your PHI to provide, coordinate or manage your care and any related services.

**PAYMENT:** Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**HEALTHCARE OPERATIONS:** We may use or disclose, as needed, your PHI in order to support the business activities of your therapists practice. The following are examples of uses/disclosures for Health Care Operations that your therapists’ office may perform:

**A.** Uses and disclosures of PHI based on your written authorization: Other uses of your PHI will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your therapist or therapist’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**B.** Other permitted and required uses and disclosures that may be made without your authorization or opportunity to object: We may use or disclose your PHI in the following situations without your authorization:

**REQUIRED BY LAW:** We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such disclosures.

**HEALTH OVERSIGHT:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government regulatory programs and civil rights laws.

**ABUSE OR NEGLECT:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made with the requirements of applicable federal and state laws.

**LEGAL PROCEEDINGS:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**LAW ENFORCEMENT:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practices premises) and it is likely that a crime occurred.