

Stella A. Carpenter, LCSW, LLC

Notice of Privacy Practices

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

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document
- Third-party payer verification
- A tool for care improvement and monitoring outcomes.

Understanding what's in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand why others may access your health information
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the facility who compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information.
- Obtain a paper copy of this notice of information practices upon request.
- Inspect and obtain a copy of your health record and amend your health record. Fees will be applied in accordance with the law. (Under the law, psychotherapy notes need not be released. Psychotherapy notes are defined as notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the session start and stop times, the modalities and frequencies summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.)
- Obtain an accounting of disclosures of your health information for purposes other than treatment, payment or health care operations.
- Request communications of your health information by alternative means or alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Amend your health information if you believe it is incorrect or incomplete. The request must be made in writing. We may deny your request if it is not in writing, or if your record is, in our professional opinion accurate and complete.

Our Responsibility

We are required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practice with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclosure your health information without your authorization, except as described in this notice (See examples of disclosures).

For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact Bill, Office Manager at 732-295-0010.

If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the U.S. Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Care Operations

We will use your health information for treatment.

For example: Information obtained by us will be used to determine the course of treatment that should work best for you. This may be documented in your record and referred to throughout the course of your treatment. In that way, your counselor will know how you are responding to treatment.

We may also contact your primary care physician, with your permission, to inform him/her of you enrollment in therapy and periodically thereafter to inform him/her of your progress.

Other examples of disclosures may include:

- Billing to third party payers
- Use of your health information for regular operations
- Public Health reasons
- Law Enforcement
- To reduce or prevent a serious threat to your health and safety or to the health and safety of another individual or the public
- Workers Compensation

I have read, and understood this Notice of Privacy Practices, and received a copy if I've requested.

Print Name

Signature

Date