

NOTICE OF PRIVACY PRACTICES REGARDING PROTECTED HEALTH INFORMATION

This notice tells how I use and disclose a patient's protected health information (PHI). This Notice also outlines a patient's rights and my obligations under the Health Insurance Portability and Accountability Act (HIPAA). This Notice is effective as of the date noted below.

Protected Health Information (PHI)

I am required by law to maintain the privacy of PHI and to provide patients with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of the notice currently in effect; however, I reserve the right to change the terms of this notice at any time as well as make the new provisions effective for all PHI maintained. A copy of the effective notice will be posted online, as well as in a prominent place in my office.

Uses and Disclosures

I may use and disclose a patient's PHI for treatment, payment, and health care operations. Examples include, but are not limited to, the following:

- An insurance company
- Medicare
- Licensing and accrediting bodies

I may disclose a patient's PHI without a patient's written authorization when required or authorized by law. Examples include, but are not limited to, the following:

- When I reasonably believe that a person is a victim of abuse, neglect, or domestic violence
- In certain legal proceedings
- To prevent or minimize imminent danger to the health or safety of a person who is threatening to harm himself or herself
- To prevent or minimize imminent danger to the health or safety of another person if a patient is threatening to harm that person

Other disclosures and uses of a patient's PHI or psychotherapy notes may only be made if authorized by a patient in writing. PHI may not be sold, or disclosed and used for purposes of marketing, unless authorized by a patient in writing. A patient may revoke his or her written authorization in writing at any time, except to the extent that I have already acted on the authorization.

Patient Rights

Subject to certain conditions, a patient has the right under the law to:

- Request restrictions on certain uses and disclosure of information about himself or herself (although I am not necessarily required to agree with this request)
- Receive confidential communication of PHI by reasonable alternative means and at alternative locations
- Inspect and copy PHI, except for psychotherapy notes and other exceptions provided by law
- Request an amendment to PHI
- Receive an accounting of certain disclosures of PHI
- Obtain a paper copy of this notice

If a patient has paid out-of-pocket for services, and asks me not to disclose PHI related to such services to his or her health plan, I must accommodate the patient's request.

Complaints

If a patient has questions, wants more information, or wants to report a problem about the handling of his or her PHI, he or she may contact me at: Deborah J. Armstrong, Psy.D., 6 Kings Highway East, Haddonfield, NJ 08033, (856) 993-2814.

A patient may contact the U.S. Department of Health and Human Services Office of Civil Rights if he or she believes that his or her privacy rights have been violated at 200 Independence Avenue SW, Washington, DC 20201.

Effective Date

This notice will go into effect on April 3, 2017.