

## Notice of Privacy Practices

The U.S. Health Insurance Portability and Accountability Act requires that I provide you with information as to how your personal data may be disclosed and how you might get access to this data.

I may disclose your protected health information (PHI) in your treatment, to obtain insurance payment, and in health care operations such as billing or case consultation without your specific authorization.

If I need to disclose your PHI for purposes other than treatment, payment or health care operations, I will need a specific written authorization from you. You may revoke this authorization at any time by notifying me in writing and no further disclosures will be made under that authorization.

I may disclose your PHI without your consent or authorization in the following circumstances:

Child Abuse: If I have reason to believe that a child is being or within the last three years has been neglected or physically or sexually abused, I am required to report to the welfare or police officials.

Adult Abuse: If I have reason to believe that a vulnerable adult is being or has been maltreated, I am required to report that information to the welfare or law enforcement agency.

State Boards: A licensing board may subpoena records from me if they are relevant to an investigation.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information, I must not release this information without written authorization from you, your attorney, or the judge. This privilege does not apply when the evaluation is court-ordered.

Serious Threat to Health or Safety: If you communicate a specific, serious threat of physical violence against a specific, clearly identified victim, I must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. I also may disclose whatever information about you is necessary in order to protect you from a threat to commit suicide.

Worker's Comp: If you file a worker's compensation claim, a release will not need your prior approval.

You have the right to request restrictions on PHI disclosure, to inspect or obtain your PHI, or to request an amendment of your PHI. However, I am not required to agree to all restrictions you may request and I may need to deny access or amendment suggestions under certain circumstances.

I reserve the right to change the policies described in this notice. Unless I give or mail you a notification of such changes, however, I am required to abide by the terms currently in effect.

If you believe that I violated your privacy rights or you disagree with a decision about your records, you may make a written complaint to me or the U.S. Department of Health and Human Services.

I have been given a copy of this Notice Of Privacy Practices form, which is effective as of 3-1-03.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date