**Joseph D Hayes MS,LPC,NCC**

**HIPAA NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/Mental Health INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control protected health information. “Protected Health information” 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.

**Use and Disclosures of PHI**

**Treatment**: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the reception desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors and organ donation: research, criminal activity, military activity and national security, workers’ compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

**Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.**

**You may revoke the authorization, at any time, in writing, except that your physician or the physician’s practice has taken action in reliance on the use or disclosure indicated in the authorization.**

**Your Rights**

**You have the right to inspect and copy your protected health information**. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information

**You have the right to request a restriction of your protected health information**. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply

**You have the right to request to receive confidential communications from us alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us** **upon request, even if you have agreed to accept this notice alternatively i.e. electronically.**

**You have the right to request an amendment to your protected health information**. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we made,** if any, of your protected health information.

We reserve the right to amend or modify our privacy policies and practices and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**COMPLAINTS**

If you would like to submit a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. We may not retaliate against you in any way for filing a complaint.

This notice was published and became effective on September 1, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer Joseph Hayes MS, LPC, NCC.

The Signature below is only acknowledgement that you have received the Notice of our Privacy Practices.

Print Name Date

Signature Witness Signature