

Your Rights Regarding Health Information

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I understand that health information about you and your health is personal, and I am committed to protecting your privacy. I create a record of the care and services you receive in order to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which I may use and disclose health information about you. You will also find information about your rights, and certain obligations I have regarding the use and disclosure of health information. I am required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of my legal duties and privacy practices with respect to health information about you
- Follow the terms of this notice

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. While this notice attempts to be comprehensive and comprehensible, not every circumstance will be listed.

- **As Required by Law.** I am a mandated reporter and I will disclose medical information about you when required to do so by federal, state or local law. I am required to report child abuse and neglect, as well as the abuse, neglect or exploitation of vulnerable adults.
- **To Avert a Serious Threat to Health or Safety.** I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and/or the safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **For Treatment.** I may disclose aspects of your case to provide you with treatment or services. For example, I may consult with a psychiatrist or another clinician who has specialized training in a particular area of care. If it is possible to do so without disclosing protected health information, I will do so. Any consulting professionals will also be bound by confidentiality.
- **For Payment.** I may use and disclose health information about you in order to obtain approval and compensation from a third party such as an insurance company. For example, I may need to provide your health plan with information about counseling you received or treatment planning in order to ensure coverage for future treatment.
- **Appointment Reminders.** I may use and disclose information to contact you as a reminder that you have an appointment.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to me will be made only with your written permission. If you provide me with permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures I have already made with your permission, and that I am required to retain our records of the services that we provided to you.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU.

You have the following rights regarding information I maintain about you:

- **Right to Review and Copy.** You have the right to review and copy health information that may be used to make decisions about your care. This may include both health and billing records.
- **Right to Amend.** If you feel that health information I have about you is incorrect or incomplete, you may ask me to amend the information, for as long as I keep it (I am required to do so for a period of seven years).
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures I made of health information about you.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information I use or disclose about you for treatment, payment or health care operations.
- **Right to Request Confidential Communications.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask for an additional copy of this notice at any time.

Any requests regarding the rights listed above must be made in writing to me

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. All claims must be submitted in writing. The Secretary of the Department of Health and Human Services can be contacted through their regional office at Office of Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building – Room 1875, Boston, Massachusetts 02203, voice phone (617) 565-1340, fax (617) 565-3809, TDD (617) 565-1343.