

HIPPA Notice of Privacy Practices

Offices of Patty Emberley, MA, LMFT, LPC

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 permitted or required by law. It also describes your rights to access and control your 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.

1. **Uses and disclosures of PHI:** Your PHI may be used and disclosed by your therapist, or others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, your dependents or others for whom you’ve obtained or sought care, to pay your health care bills, to support the operation of our offices, payments of accounts and any other use required by law.
2. **Treatment:** We will use and disclose your PHI to provide, coordinate or manage your mental health care and related services. This includes coordination or management of your health care with third parties. (Example: disclosing PHI to physician or home health agency providing care to you.)
3. **Payment:** Your PHI will be used, as needed, to obtain payment for our health care services. For example: obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.
4. **Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of these offices. These include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. We may use or disclose your protected health information, for example, to contact you to remind you of your appointment or to our billing services to contact you regarding accounts.

5. **We may also use or disclose your PHI in the following situations without your authorization:** As required by law, public health issues require: 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: required uses and disclosures under law. We must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.
6. **Other permitted and required uses and disclosures** will be made only with your consent, authorization or opportunity to object, unless required by law.
7. **You may revoke this authorization, at any time, in writing,** except to the extent that your therapist or the therapist's practice has taken an action in reliance on the use of disclosure indicated in the authorization.

Your rights: Following is a statement of your rights with respect to your PHI (Protected Health Information)

1. **You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect or copy the following records:** psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to PHI.
2. **You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for specifically the restriction requested and to whom you want the restriction to apply. The therapist will then sign the request, and make a copy for all parties involved, to insure the request has been received. Your therapist is not required to agree to a restriction you

may request. If the therapist believes it is in your best interest to permit use and disclosure of you PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

3. **You have the right to request** to receive confidential communications from us by 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).
4. **You may have the right to have your therapist amend your PHI.** 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 provide you with a copy of any such rebuttal.
5. **You have the right to receive an accounting of certain disclosures we have made,** if any, of your PHI. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object of withdraw as provided in this notice.
6. **Complaints:** You may complain to us or the Secretary of Health and Human Services, if you believe your privacy rights have been violated. You may file a complaint with us by notifying Patricia Emberley. We will not retaliate against you for filing a complaint.

**This notice was published and became effective on/or before 7/16/14
Contact Patty Emberley, 248-880-8041, for questions regarding this
Notice of Privacy**

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 PHI (Protected Health Information). If you have any objections to this form, please speak with Patty Emberley about them.

Signature below is acknowledgement of receipt of this Notice of Our Privacy Practices.

Printed Name: _____
Signature: _____ **Date:** _____