



## **HIPAA/NOTICE OF PRIVACY PRACTICES**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**For Payment.** We may use and disclose your health information to obtain payment for services we provide to you.

**For Healthcare Operations.** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professions, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Required by Law.** We may use or disclose your health information when we are required to do so by law.

**Without Authorization.** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Abuse or Neglect.** We may disclose your health information to a state or local agency that is authorized by law to receive reports of abuse or neglect.

**Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Family/Friends Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm or to provide you access to necessary medications or treatment.

**Marketing Health-Related Services.** We will not use your health information for marketing communications without your written consent.

**National Security.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders.** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**\*ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES\***

I, \_\_\_\_\_ have received a copy or been shown a copy of this offices' Notice of Privacy Practices/HIPPA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_