

## **NOTICE OF PRIVACY PRACTICES (NPP) – SHORT VERSION**

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

### **My Commitment to Your Privacy**

My practice is dedicated to maintaining the privacy of your personal health information. The guidelines and ethical standards of my profession require this. Also, the guidelines under the new Health Insurance Portability and Accountability Act (HIPAA) require that I both 1) protect your privacy and 2) provide you with this information. The HIPAA law is complicated and lengthy. This notice is a shorter version of the full, legally required NPP information. The expanded version of NPP is on file in my office, and you may request a copy of it. I can't cover all possible situations, so please talk with me about any questions or problems you may have.

I will use the information about your health, which I get from you or from others, mainly to provide you with **treatment**, to arrange **payment** for my services, or for some other business activities that are called, in the law, health care **operations**.

After you have read this NPP, I will ask you to sign a **Consent Form** to acknowledge receipt of this document. Your signature is needed to enable me to provide the care and treatment needed.

**If you or I want to use or disclose (send, share, release) your information for any other purposes, I will discuss this with you and ask you to sign an Authorization to allow this.**

Of course, I will keep your health information private, but there are some times when the law requires me to use or share it, such as:

1. When there is a serious threat to your health and safety or to the health and safety of another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires I do so.
4. For workers compensation and similar benefit programs.

There are some other situations like these that don't happen very often. They are described in the longer version of the NPP.

## **Your Rights Regarding Your Health Information**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment; I will try my best to do as you ask. You can give or restrict permission to talk with immediate family.

2. You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. I will keep our agreement, except if it is against the law, or in an emergency or when the information is necessary to treat you.

3. You have the right to look at the health information I have about you such as your medical record, including psychotherapy notes and billing records. You can get a copy of these records if you desire, but you may be charged for some of the copies.

4. If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and include the reasons you want to make the changes.

5. You have the right to a copy of this notice. If I change the NPP, I will post it in my waiting room, and you can always get a copy of the NPP upon request. Again, the expanded version of this NPP is available from my office if you wish or need a copy.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have any questions regarding this notice or my health insurance privacy policies, please contact me either in person or by phone at 615.330.4405.

Signature \_\_\_\_\_

Name (printed): \_\_\_\_\_

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