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Effective 2022-07-28

## Notice of Privacy Practices & HIPAA Rights

Our Office's Policies and Practices to  
Protect the Privacy of Your Health Information

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

Throughout this document, the term "we" is used to refer to any of the clinicians or administrators of this office.

### 1. Our Duty

We are legally required to protect the privacy of counseling/health information that may reveal your identity. This information is commonly referred to as "protected health information," or "PHI." It includes information that can be used to identify you that we have created or received about your past, present, or future health/mental health and the provision of mental health care to you. We must provide you with this notice about my privacy practices that explain how, when, and why we use and disclose your PHI.

With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. Privacy policies and practices meet the standard of "special privacy protection" for mental health information under federal (HIPAA) and NY State Law. We use the term "PHI" to include mental health information. Please note, however, that special privacy protections apply to HIV/AIDS related information and alcohol and substance abuse treatment information, which are not set forth in this notice.

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We reserve the right to change the terms of this notice and my privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to my policy, we will promptly change this notice and post a new notice. You can also request a copy of this notice at any time.

### 2. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
- Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
- Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

### 3. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes that we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

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### 4. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If we have reasonable cause to believe that a child has been abused, we must report that belief to the appropriate authority.
- Adult and Domestic Abuse – If we have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, we must report that belief to the appropriate authority.
- Health Oversight Activities – If we are the subject of an inquiry by the NY State

Board of Psychological Examiners, we may be required to disclose protected health information regarding you in proceedings before the Board.

- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information is privileged under state law, and we will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If we determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, we may disclose information in order to provide protection against such danger for you or the intended victim.
- Worker's Compensation – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### 5. Patient's Rights

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are legally not required to agree to your request for a restriction. You may not limit the uses and disclosures that we are legally required or allowed to make.
- Right to Receive Confidential Communications by Alternative Means and at

Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, we will send correspondence to another address.)

- Right to Amend – If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to provide a written request for an amendment of PHI for as long as the PHI is maintained in the record. We will respond to this written request within 2 weeks. We

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may deny your request in writing if the PHI is (1) correct and complete, (2) not created by me, (3) not allowed to be disclosed, or (4) not part of my records.

- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. Upon your request, we will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request. This request must be made in writing, and we will respond within 2 weeks of receiving your written request. In certain situations, such as foreseeable harm, we may deny your request. If we do, we will tell you, in writing, my reasons for the denial and explain your right to have the denial reviewed.

Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the associated cost (see “Agreement”) in advance.

### 6. Questions and Complaints

- If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact me.
- If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me.
- You may also send a written complaint to the Secretary of the U.S. Department of

Health and Human Services at:

US Department of HHS Government Center

John F. Kennedy Federal Building – Room 1875 Boston, MA 02203

Telephone: 617-565-1340

Fax: 617-565-3809

- You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.
- We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mailing it to you at the address you provided.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.