



Licensed Psychologist + Certified Emotionally Focused Therapist  
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## NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act (HIPAA), this notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

### **A. Commitment to your privacy:**

I am dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). We are legally required to keep records regarding you and the treatment and services we provide. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in my practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

This notice is to provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. Please note that we reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that my practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. In the case that changes are made to our policies, I will immediately notify you and you may request a copy of this Notice or view a copy of it in my office or online.

### **B. If you have questions about this Notice, please contact me.**

### **C. I may use and disclose your PHI in the following ways:**

The following categories describe the different ways in which I may use and disclose your PHI.

- 1. For treatment.** I may disclose your PHI to other licensed health care providers who are involved with your care to coordinate treatment. For example, if you are seeing a psychiatrist, I may disclose your PHI to him/her in order to coordinate your care.
- 2. For payment.** I may use and disclose your PHI in order to bill and collect payment for the services that you receive. For example, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. I also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. I may use your PHI to bill you directly for services and

items. I may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

- 3. For health care operations.** I may use and disclose your PHI to facilitate the efficient and correct operation of my practice. For example, I might use your PHI in the evaluation of the quality of health care services that you have received for quality assurance. I may also provide your PHI to attorneys, accountants, consultants, and others to ensure that I am in compliance with applicable laws.
- 4. For disclosures required by law.** I will use and disclose your PHI when we are required to do so by federal, state or local law.
- 5. Other disclosures.** For example, if you need emergency treatment, your consent isn't required, but I must attempt to obtain your consent after treatment is rendered. Should you be unable to communicate with your therapist in the attempt to obtain consent (for example, if you are unconscious or in severe pain), I may disclose your PHI if I think you would consent to such treatment if you could.

#### **D. Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique scenarios in which I may use or disclose your identifiable health information without your consent or authorization:

- **To avoid harm.** I may provide PHI to law enforcement staff able to prevent or mitigate a serious threat to the safety of a person or public. Disclosure is permitted or mandated if you are in such a mental/emotional condition to be considered dangerous to yourself or others, and we determine that disclosure is necessary to prevent the threatened danger. Additionally, disclosure is mandated by child abuse and neglect reporting laws in New York State (NY) and New Hampshire (NH) if we have a reasonable suspicion of child abuse or neglect. Likewise, disclosure is mandated by elder/dependent adult abuse reporting laws in NY and NH if we have a reasonable suspicion of elder abuse or dependent adult abuse. If you indicate a serious/imminent threat of physical violence by you against a reasonably identifiable victim(s), disclosure is also permitted.
- **When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.**
- **If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- **If disclosure is compelled by the patient or the patient's representative pursuant to NY + NH Health & Safety Codes or to corresponding federal statutes of regulations.**
- **If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- **For public health activities.** For example, in the event of your death, if disclosure is permitted or compelled, we may need to give the county coroner information about you.
- **For specific government functions.** For example, we may disclose PHI of military personnel and veterans under certain circumstances. Also, we may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- **For research purposes.** In certain circumstances, we may provide PHI in order to conduct research.
- **For health oversight activities.** For example, we may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

- **For worker's Compensation purposes.** We may provide PHI in order to comply with Worker's Compensation laws.
- **For appointment reminders.**
- **To advise you health related benefits or alternate services available.**
- **If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitrating panel.
- **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** For example, when compelled by the U.S. Secretary of Health & Human Services to investigate or assess my compliance with HIPAA regulations.
- **If disclosure is otherwise specifically required by law.**

#### **E. Your rights regarding your PHI:**

You have the following rights regarding your PHI:

1. **Confidential communications.** You have the right to request that your therapist communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, please let us know, and we will accommodate reasonable requests, and you do not need to give a reason for your request.
2. **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict my disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. If such a request is agreed upon, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.
3. **Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect and/or obtain a copy of your PHI. You will receive a response within 30 days of receiving your written request. Under certain circumstances, we may feel we must deny your request, but if we do, we will give to you in writing the reasons for my denial. We will also explain your right to have the denial reviewed. If you ask for copies of your PHI, we will not charge you more than \$0.25 per page. We may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it and its cost in advance.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the practice. To request an amendment, your request must be made in writing and submitted to us. You must provide me a reason that supports your request for amendment. If you fail to submit your request (and the reason supporting your request) in writing, it will be denied. Also, we may deny your request if you ask me to amend information that is in my opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by this practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of disclosures.** All of our clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures we have made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but you may be charged for additional lists within the same 12-month period. You will be notified of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
  
6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of this notice of privacy practices. You may ask for a copy of this notice at any time.
  
7. **Right to file a complaint.** If, in your opinion, we may have violated your privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

If you have any questions regarding this notice or our health information privacy policies, please contact Dr. Jenev Caddell at (646) 704-3520.

**This notice went into effect on October 18, 2012.**

I acknowledge receipt of this HIPAA notice.

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client (or parent/guardian) printed name	signature	date

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client (or parent/guardian) printed name	signature	date