|  |
| --- |
| Rose J Testa LCSW, LLC  47 Reckless Place, Red Bank NJ, 07701  Rtestalcsw@gmail.com · 732-328-7190 |
| Notice of Privacy Practices:  This notice describes how personal medical information about you may be used and/or disclosed, and how you can access to this information. Please review this notice carefully, and retain for your records. 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 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: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.    For Payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.    For Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.  Without Authorization: Federal privacy rules allow us to use or disclose your PHI without your permission or authorization for a number of reasons including the following:    When Legally Required: We will disclose your protected health information when we are required to do so by any Federal, State or local law.    When There Are Risks to Public Health: We may disclose your protected health information for the following public activities and purposes:  1. To prevent, control, or report disease, injury or disability as permitted by law.  2. To report vital events such death as permitted or required by law.  3. To conduct public health surveillance, investigations and interventions as permitted or required by law.  4. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.  To Report Abuse, Neglect or Domestic Violence: We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.    To Conduct Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.  In Connection with Judicial and Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena in some circumstances.    For Law Enforcement Purposes: We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows. Pursuant to court order, court-ordered warrant, subpoena, summons or similar process. For the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Under certain limited circumstances, when you are the victim of a crime. 4. In an emergency in order to report a crime.    For Research Purposes: We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.    In the Event of a Serious Threat to Health or Safety: We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.    Verbal Permission: We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.    With Authorization.: We may use and disclosure not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.    YOUR RIGHTS REGARDING YOUR PHI    You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to the address listed at the top of this form.  Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.  Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.    Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.  Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.  Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.  Right to a Copy of this Notice. You have the right to a copy of this notice.  I understand these disclosures.I have received a copy of this Disclosure Statement and Notice of Privacy Rights.    Sign/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |