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Notice of Privacy Practices

Effective April 14, 2003

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. PHI is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. Please review it carefully.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used by me and others outside of my office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operations of the physician's practice, and any other use required by law.

Treatment: I will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, as necessary. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided, with your written permission, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services, should you choose to seek reimbursement from an insurance company.

Business Operations: I may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Disclosures: Under the law, I must make disclosures to you upon your request.

Abuse or Neglect: I may disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, I may disclose your protected health information if I believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: I may disclose protected health information in the course of any judicial or administrative proceedings in response to an order of the court or administrative tribunal (to extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful legal process.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object, unless required by law. You may revoke the authorization, at any time, in writing, except to the extent that I have taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information:

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action proceeding, protected health information restricted, by law, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your protected health information – this means you may ask me not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations.

You have the right to request to receive confidential communications – You have the right to request confidential communication from me by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from me, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You have the right to request an amendment to your protected health information – If I deny your request for amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to obtain a paper copy of this notice from me even if you have agreed to receive the notice electronically. I reserve the right to change the terms of this notice and I will notify you of such changes on the following appointment. I will also make available copies of our new notice if you wish to obtain one.

COMPLAINTS

You may complain to me or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with me by notifying me in writing. I will not retaliate against you for filing a complaint.

I am required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. I am also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please speak to me, and I will work to have your questions answered.

Please note that by signing this document you are only acknowledging that you have received or been given an opportunity to receive a copy of our three page Notice of Privacy Practices.

Client Name (please print)

Date

Client / Legal Authorized Representative Signature

Relationship to Client