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NOTICE OF PRIVACY PRACTICES

As a psychologist, I am committed to maintaining the confidentiality of your medical information. In most cases, your records will not be released without your written consent (which you can revoke). However, there are a few exceptions. I am permitted to disclose your medical information to other professionals involved in your treatment.

- I am permitted to use and disclose your medical information to your insurance company, if you choose to use them, or as required by worker's compensation law.
- I may disclose your medical information for public health concerns as mandated by federal or state government.
- I am also required to report child/elder abuse or neglect.
- I may also release information if you are under the custody of law enforcement, or if ordered by the court.

You may request in writing that I restrict how your information is disclosed for treatment, payment or healthcare operations. Although I am not required to restrict this information, I will do so except in emergency situations.

It is my policy not to release information to family members or other individuals without your written consent. You have a right to access your health records with some limitations (see restrictions in full text). You must submit your request in writing to the Privacy Officer, Dr. Ford, at the above address.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. I will not retaliate against you for filing a complaint made in good faith with the government. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services
HIPAA Complaint
7500 Security Blvd., C5-24-04
Baltimore, MD 21244

My promise to you

I am required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact Dr. Ford, Privacy Officer, at the address above.

These policies and this notice may change at any time and those revised policies will apply to all the protected health information I maintain. If or when the notice is changed, a copy will be given to you.

CONFIDENTIAL