

Ashleigh Miller, LCSW LLC

29 Trailing Rock Road Stamford, CT 06903 (203) 219-0934
CT License #11408 NPI #1700364791 Fed Tax I.D. #86-3806717

HIPAA NOTICE OF PRIVACY PRACTICES

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

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.

I may use and disclose your PHI without your consent for the following reasons:

1. I can use your PHI within my practice to provide you with mental health treatment, including discussing or sharing your PHI with my any healthcare professional or other designated person or entity you sign a release for.
2. Where required by Federal, State or Local law or judicial process.
3. To avoid serious harm to yourself or another person.
4. To report child or elder abuse or neglect.

I also may employ an office manager that will have access to your name, address, insurance and telephone information. I agree to allow the office manager employed by Ashleigh Miller, LCSW, LLC to have access to this information.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI, the right to request limits on uses and disclosures of your PHI, and the right to get a list of the disclosures I have made.

B. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at:

Ashleigh Miller, LCSW LLC

29 Trailing Rock Road
Stamford, CT 06903
(203) 219-0934

VII. EFFECTIVE DATE OF THIS NOICE

This notice went into effect on April 16, 2021.

I acknowledge receipt of this notice

Client Name _____ Date _____ Signature _____