

NOTICE OF PRIVACY PRACTICES FOR

Dr. Victoria D. Gould

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

We will only release information in accordance with state and federal laws and the ethics of the counseling profession. Use and disclosure of protected health information for the purposes of providing treatment services, collecting payment and conducting health care options are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

Treatment

We may use and disclose health information to: provide, manage or coordinate care between related services by one or more health care providers (e.g. teachers, physicians, psychiatrists, referral sources, consultants).

Payment

We may use and disclose health information to: obtain reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

Health Care Operations

This includes the review of treatment procedures to ensure efficacy of treatment options, review of business activities, certification, compliance and licensing activities.

Other uses and Disclosures without your consent

We may use and disclose healthcare information to comply with mandated reporting laws, in the case of criminal damage, emergencies and as required by law; such as court subpoenas. In addition, we may also create and distribute de-identified health information by removing all references to individually identifiable information for training purposes or consultation.

Client Rights

Right to request where we contact you

Home Yes No

Work Yes No

Cell phone Yes No

If not, how may we contact you _____

Right to release your health records

We will disclose case information and release records to others only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your previous authorization.

Right to accounting of disclosures

You have the right to receive an accounting of disclosures of your protected health information.

Except:

- disclosure for treatment, payment or healthcare operations
- disclosures pursuant to signed release
- disclosures for national security or law enforcement
- in cases of mandated reporting

Right to request restrictions on uses and disclosures of your healthcare information

Your request to restrict the use and disclosure of healthcare information must be in writing and the counselor is not obligated to agree. You have the right to complain. Please contact counselor first to discuss the complaint, and if not satisfied, you have the right to file a complaint to the U.S. Department of Health and Human Services. You have the right to file a written complaint with the counselor or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of the counseling service. We will not retaliate against you for filing a complaint.

We reserve the right to change the terms of your Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request a written copy of a revised Notice of Privacy practices from this office.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services- Office of Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201

I have read this notice of privacy practices for Dr. Victoria D. Gould and received a copy:
