

## Barbara Kleinman MSW, LICSW

### Notice of Privacy Practices

This notice will tell you about the ways in which I use and disclose health information about you. It also describes your rights and certain obligations I have regarding the use and disclosure of health information.

**I am required by law to:**

*Make sure that health information that identifies you is kept private;*  
*Give you this notice of my legal duties and privacy practices with respect to health information about you; and*  
*Follow the terms and notices that are currently in effect.*

As stated above, your mental health services and records are confidential, however, limits to this confidentiality do exist. I am a **mandated reporter** and am under legal obligation to report the following to authorities:

*Danger to yourself or to others;*  
*Actual or suspected child abuse or neglect;*  
*Actual or suspected abuse or neglect of persons with a disability, or the elderly.*

There are other situations when I may use or disclose health information about you without your prior authorization, such as:

*Emergencies*  
*To respond to a court-ordered subpoena to testify or to provide records;*  
*Situations that directly affect the health and safety of others;*  
*Health oversight audits or inspections;*  
*Public health purposes;*  
*To prevent a serious threat to your health or the health and safety of the public or another person;*  
*When a child under the age of 16 is a victim of a crime;*  
*Legal proceedings or law enforcement;*  
*Workers' compensation purposes;*  
*Firearm related injuries;*  
*National Security.*

In any other situation not covered by this notice, I will ask for your written authorization before using or disclosing health information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying me in writing of your decision.

If you have signed a release with your insurer, that insurer may request such information as diagnosis, treatment plan, and general course of treatment. It is important to note that some insurers may request release of more detailed or sensitive information. Please discuss with me any concerns you may have about disclosures.

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### **What is HIPPA?**

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed to me, in any form, whether electronically, on paper, or orally, are kept properly confidential. For Clinical Social Workers, this requires the same practice of confidentiality that has been required by our profession prior to HIPPA. In general, the HIPPA ACT gives you, the client, significant new rights to understand and control how your health care information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, I have prepared this explanation of how I will maintain the privacy of your health information and how I may use and disclose your health information.

### **Your rights regarding health information about you:**

In most cases, you have the right to look at or get a copy of the information that I keep in your record. Please put your request in writing. If you request copies, I may charge a fee for the cost of copying, mailing or other related supplies. If I do not agree to your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that I correct your records by submitting a request in writing that provides your reason for requesting the amendment. I could deny your request to amend a record if the information was not created by me; if it is not part of the medical information maintained by me; or if I determine that the record is accurate. You may appeal in writing a decision by me not to amend the record.

You have the right to a list of those instances where I have disclosed health information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6 year period. You may receive the list in paper or electronic form.

You have the right to request that health information about you be communicated to you in a confidential manner. You may also request in writing that I not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized

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by you, when required by law, or in an emergency. I will consider your request, but am not legally required to accept it.

#### **Complaints:**

If you are concerned that your privacy rights may have been violated, you can file a complaint with me or with the:

Office for Civil Rights  
US Dept of Health and Human Services  
Government Center  
J.F. Kennedy Federal Building – Room 1875  
Boston, MA 02203  
Voice phone (617) 565-1340  
FAX (617) 565-3809

*Under no circumstances will you be penalized or retaliated against for filing a complaint.*

Revised May 2017