

Privacy Policy

Serenity Works Therapy, LCSW, PLLC- Privacy Statement

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

HIPAA & RECIPIENT RIGHTS

A federal act called the Health Insurance Portability and Accountability Act (HIPAA) gives you some additional rights to what you have through state laws. This notice gives you information on these additional rights through HIPAA.

OUR PRIVACY COMMITMENT TO YOU

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment/services, payment, business operations or when we are required by law to do so. We are required by law to maintain the privacy and security of your protected health information. We will promptly let you know if a breach occurs that may have compromised the privacy or security of your information.

Treatment/Services:

We may disclose information about you with your written consent to coordinate your services. For example, we may give information to your other healthcare providers.

Payment:

We may also use and disclose information so the care you get can be properly billed and paid for. For example, we will submit bills to your credit or debit card provider.

Business Operations:

We may need to use and disclose information for our business operations. For example, we may use information to review the quality of the services you receive.

Exceptions:

For certain kinds of records, your permission may be needed even for release for treatment, payment, and business operations.

As Required By Law:

We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, workers' compensation claims, medical examiner or funeral director if an individual dies, subpoenas or other court orders, communicable disease reporting, review of our activities by government agencies, to avert a serious threat to health or safety, reporting suspected abuse, neglect, or domestic violence, or in other kinds of emergencies.

With Your Permission:

If you give permission in writing, we may use and disclose your personal information. If you give permission, you have the right to change your mind and revoke it. This must be in writing also. We cannot take back any uses or disclosures already made with your permission.

YOUR PRIVACY RIGHTS

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to:

Serenity Works Therapy, LCSW, P.L.L.C.

380 Comfort Trail

Montgomery, NY 12549

Or via e-mail at sb@serenityworkstherapy.com

Your Right to Inspect and Copy:

In most cases, you have the right to look at or get copies of your paper or electronic health records. We will provide a copy or a summary of your health

information, usually within 30 days of your request. You may be charged a fee for the cost of copying records.

Your Right to Amend:

You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we will give you a written reason for our denial within 60 days.

Your Right to a List of Disclosures:

You have the right to ask for a list of disclosures of your health information for six years prior to the date you ask, who we shared it with and why. This list will not include the times that information was disclosed for treatment, payment, or business operations. This

list will not include information provided directly to you or your family, or information that was sent with your authorization.

Your Right to Request Restrictions on Our Use or Disclosure of Information:

You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to your request if it would affect your care. If you pay for your services out-of-pocket in full, you can request that we not share that information for the purpose of payment or our operations with your health insurer unless a law requires us to share that information.

Your Right to Request Confidential Communications:

You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

Your Right to Choose Someone to Act on Your Behalf:

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that person has this authority and can act for you before we take any action.

Your Right to Share Health Information:

You have both the right and choice for us to share information with your family, close friends, or others involved in your care or share information in a disaster relief situation. We never share psychotherapy notes unless you give us written permission or in response to a complaint filed against the counselor. We never market or share personal information.

CHANGES TO THIS NOTICE

We reserve the right to revise this notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website. Go to serenityworkstherapy.com.

If the changes are material, a new notice will be mailed or emailed to you before it takes effect.

If you have questions or would like more information, you may contact our office at via telephone at (914) 677-2743 or via email at serenityworkstherapy.com If you believe your privacy rights have been violated, you can file a complaint with the Department of Health and Human Services. You will not be penalized for filing a complaint.

COMPLAINTS TO THE FEDERAL GOVERNMENT

You may write:
Privacy Officer
Dept. of Health & Human Services
200 Independence Ave, SW
Washington, DC 20201
Phone: (877) 696-6775
Website: www.hhs.gov/ocr/privacy/hipaa/complaints/