

Notice of Privacy Practices

As required by the Privacy Regulations created because of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This Notice describes how health information about you (as a client of this practice) may be used and disclosed, and how you can get access to your Individually Identifiable Health Information (IIHI).

Your counselor is required by law to provide you with this Notice. **Please review this Notice carefully** and ask your counselor if you have any questions.

In general, your counselor may not use or disclose IIHI except:

- To you
- With your written consent to conduct treatment, payment, or health care operations
- With your written consent in other circumstances when authorization is required

“Psychotherapy Notes,” defined below, may not be used, or disclosed without your specific consent except:

- For use by your counselor
- By your counselor to defend against a legal action or other proceeding brought by you

“Psychotherapy Notes” are defined as notes recorded, in any medium, by a mental healthcare professional documenting or analyzing the contents of a conversation during a private therapy session or a group, joint, or family counseling session, and that are separated from the rest of the individual's medical record. “Psychotherapy Notes” excludes counseling session start/stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Your counselor is required to disclose your IIHI to you, at your request, when your request meets the requirements of a proper request, and to the Secretary of Health and Human Services, when required to investigate or determine compliance with these Regulations. You may ask your counselor for a release form after you have finished your treatment here.

Your privacy is important to your counselor. Your counselor will make reasonable efforts to limit any disclosure of IIHI to the minimum information necessary to accomplish the purpose of the use, disclosure, or request.

If New Jersey State Law or other applicable regulations are more stringent than these Regulations, your counselor must follow the more stringent rules regarding use and disclosure. If these Regulations are more stringent than State Law(s), then your counselor must follow these Regulations.

You have the right to request restrictions on the use or disclosure of your IIHI. In the State of New Jersey's more stringent code, a third-party payer can request administrative and diagnostic information, the status of a patient, reason for continuing psychological services (limited to an assessment of a patient's level of functioning and distress), and a prognosis. Your counselor must allow you to request that your counselor restrict use or disclosure for your IIHI:

- To conduct treatment, payment, or healthcare operations
- For our directory, in emergencies, or to family member

If you are not present or available, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency, your counselor may disclose without your consent to the person involved in your healthcare only the protected health information directly relevant to that person's involvement. If your counselor agrees to the restrictions, your counselor must document this and abide by it unless another healthcare provider needs the information to provide you emergency treatment. Your counselor is not required to agree to every restriction you request.

Notice of Privacy Practices, continued

Your counselor may use or disclose your IIHI without your written consent or authorization, or without providing an opportunity for you to agree or object:

- When required or otherwise allowed by law
- For public health activities
- For required disclosures about victims of abuse, neglect, or domestic violence
- For law enforcement purposes
- To avert a serious threat to health or safety
- For worker's compensation

You have the right to inspect and copy your IIHI except:

- Psychotherapy Notes
- Information compiled in reasonable anticipation of, or for use in, a civil or criminal proceeding

In rare circumstances, your counselor may deny you access to IIHI, such as:

- If access is likely to endanger your, or someone else's life or physical safety
- When the information refers to another person and access requested is likely to cause substantial harm to that other person
- If providing the information to your personal representative is likely to cause substantial harm to that or another person

In most cases when access is denied, you may request a review of the denial. If you request a review, a licensed healthcare professional will complete the review your counselor has designated for this purpose who did not participate in the original decision to deny access. Your counselor must abide by that person's determination.

Other uses and disclosures of your IIHI will be made only with your written authorization. You may revoke such authorization at any time, provided you do this in writing, or your counselor has not already acted upon your prior consent, or if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

You have the right to:

- Amend your IIHI
- Receive an accounting of disclosures your counselor makes of your IIHI
- Receive a copy of this Notice upon request. This Notice must be available and visible in our waiting room.
- Receive this Notice no later than the first date your counselor provides you with service
- Receive a Revised Notice if a change in Privacy Practices has been applied
- Receive written implement policies and procedures related to this Notice and Privacy Regulation
- File a complaint with your counselor or with the Secretary of Health and Human Services (www.hhs.gov) if you believe your privacy rights have been violated. Your counselor will provide you with forms for filing a complaint.

Client's Name (14 yrs. and older)

Date

Client's Signature

If client is under the age of 18, Parent must sign:

Parent's/Legal Guardian's Name

Date

Parent's/Legal Guardian's Signature

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Acknowledgement of Receipt of Notice of Privacy Practices
Individually Identifiable Health Information (IIHI)

The federal government has mandated that as of April 14th, 2003, all health care patients are to receive from their clinicians (hereafter referred to as "Notice") regarding the protection of their private health care information (IHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 C.F.R. parts 160 and 164).

This acknowledgement documents that DZ Counseling/Daniel Zykorie, LLC, has given you the Notice that is required. HIPAA covers Individually Identifiable Health Information (IIHI) that is used for treatment, payment, and health care operations. IIHI is information in your health record that could identify you.

The Notice contains basic information about the following:

1. How your IIHI may be used and disclosed for treatment, payment, and health care operations.
2. Which uses, and disclosures require authorization from you, and which do not.
3. How you may revoke an authorization you have made.
4. Certain rights you must restrict use and disclosure of IIHI, to receive confidential communications by alternative means and alternative locations, to inspect and copy your records, to amend your records and to have an accounting of disclosures.
5. A list of counselor's and staff's duties to protect the privacy of your IIHI, our right to change privacy policies and practices described in the Notice, and how you will be informed of changes.
6. What you can do if you have complaints about violations of your privacy rights, about decisions, about access to your records.
7. Any restrictions and limitations you or your counselor wish to put on the use and disclosure of your IIHI.

The Notice is given on a patient's or legal guardian's first visit unless there is good reason to delay. This page documents that I have given you a copy of the Notice.

I acknowledge that DZ Counseling/Daniel Zykorie, LLC has given me a copy of the Privacy Notice as required by HIPAA legislation.

Client's Name (14 yrs. and older)

Date

Client's Signature

If client is under the age of 18, Parent must sign:

Parent's/Legal Guardian's Name

Date

Parent's/Legal Guardian's Signature