

DEBORAH S. GREEN-LAUBER, MSW, LISW-S

PSYCHOTHERAPIST/CLINICAL SOCIAL WORKER

NOTICE OF PRIVACY PRACTICES

**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.**

If you have any questions about this notice,
contact Deborah S. Green-Lauber, MSW, LISW-S at the telephone
numbers and addresses listed on the last page of this notice.

This notice has been prepared by Deborah S. Green-Lauber, MSW, LISW-S. It tells how Protected Health Information (PHI) about you can be created, shared, protected and maintained. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required or permitted by law. **If the practices described in this notice meet your expectations, there is nothing that you need to do.**

WHO WILL FOLLOW THIS NOTICE?

This notice describes Deborah S. Green-Lauber, MSW, LISW-S's practice regarding the use of your medical information and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units associated with Deborah S. Green-Lauber, MSW, LISW-S.
- Any member of our workforce that we allow to help you while you are a client of Deborah S. Green-Lauber, MSW, LISW-S.
- All employees, staff and other personnel who may need access to your information.
- All entities, sites and locations follow the terms of this notice and may share medical information with each other for treatment, payment or health care operations as described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. Protecting medical and behavioral health information about you is important. We create a record of the care and services that you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Deborah S. Green-Lauber, MSW, LISW-S, whether made by health care professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Maintain the privacy of protected health information;
- Keep medical records that identify private information about you;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

WHAT IS MY PROTECTED HEALTH INFORMATION (PHI)?

Anything from the past, present, or future about your mental or physical health or condition that is spoken, written, or electronically recorded, and is created by or given to anyone providing care to you, such as, a health plan, a public health authority, your employer, your insurance company, your school or university, or anyone who processes health information about you.

WHAT RIGHTS DO I HAVE ABOUT MY PROTECTED HEALTH INFORMATION?

You have the right to:

- Authorize the sharing of your PHI for purposes other than diagnosing and treating you and the administration and payment for your treatment services.
- See and copy your PHI. We can provide a copy of the medical record. Deborah S. Green-Lauber, MSW, LISW-S reserves the right to charge a reasonable fee for copying this information at your request. Exceptions to this are psychotherapy notes, information prepared for certain legal proceedings, information maintained by clinical laboratories, and information created by another entity or organization.
- Request that we amend or change your PHI.
- Be informed about and share your PHI in a confidential manner chosen by you. The manner you choose must be possible or reasonable for us to do.
- Restrict certain uses and disclosures of your PHI. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.
- Obtain this Privacy Notice in paper form. We may change the terms of this notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from Deborah S. Green-Lauber, MSW, LISW-S.

HOW WILL MY HEALTH INFORMATION BE USED?

Treatment Deborah S. Green-Lauber, MSW, LISW-S may share information about your health with other treatment specialists so that you can receive the most appropriate treatment.

Payment We may share your health information about when and for what purpose you were seen, so that we may be paid for treating you.

Operations Your health information may be used as necessary to support day-to-day activities and management of this psychotherapy practice and may be shared with other healthcare entities to ensure that you obtain the correct diagnosis and treatment.

AUTHORIZATION

What can be done with my information if I authorize its disclosure for other purposes?

With your permission, we can share your Protected Health Information for reasons other than to diagnose you and to administer and pay for your treatment. For example, you might agree to allow us to share your Protected Health Information with your physician to coordinate appropriate use of psychotropic medications or to coordinate care.

Can I revoke my authorization?

Yes. You can revoke your authorization. You must do this in writing and bring it to us so that we can stop sharing your Protected Health Information. We are permitted to share your Protected Health Information until we receive your revocation in writing.

Are there any circumstances when my information can be shared without my consent or authorization?

Yes. Your Protected Health Information can be shared without your prior consent or authorization:

1. In an emergency so long as consent is obtained as soon as possible;
2. When required by law according to specific requirements:
 - For public health activities

- To protect victims of abuse, neglect, or domestic violence
 - For health oversight activities
 - For judicial and administrative proceedings
 - For law enforcement purposes
 - To a coroner/medical examiner
 - To a funeral director
 - For organ/eye/tissue donation
 - For research purposes
 - To avert serious threats to health or safety
 - To facilitate specialized government functions
 - To correctional institutions for specific reasons
 - To facilitate eligibility determinations or enrollment into public benefit programs
 - For Workers Compensation
3. When there are substantial communication barriers and it is reasonable to believe that you are giving your consent or authorization.

What about information related to diagnosis and/or treatment for alcohol and/or drug addictions?

Federal Confidentiality Rules prohibit us from disclosing any information related to the diagnosis or the treatment for alcohol and/or drug addictions or related disorders that you may have received without your specific written permission to disclose this information. These rules also prohibit the recipient of that information from redisclosing it without your specific written permission to do so. If you have any alcohol or drug addiction or related diagnosis or treatment records, you will be asked to provide specific permission to disclose this information before we may share it with another individual, agency or entity.

What about any other uses of my medical information?

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information about for you the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provide to you.

What will you do to protect my health information?

We will maintain the privacy of your PHI as required by law.

We will follow the terms of the Privacy Notice currently in effect.

We reserve the right to change the terms contained in this Privacy Notice. If we do this, it will affect all Protected Health Information maintained by us. We will notify you that we have changed the Privacy Notice by posting it at our offices and by providing you a copy at your request. This Privacy Notice is effective immediately (June 1, 2003).

What can I do if I have questions or want to complain about the use and disclosure of my Protected Health Information?

All questions or complaints concerning this privacy policy may be sent to:

Deborah S. Green-Lauber, MSW, LISW-S
Psychotherapist/Clinical Social Worker
3970-A Brown Park Dr.
Hilliard, OH 43026

Secretary of U.S. Department of Health and Human Services

**WE WILL NOT PENALIZE OR RETALIATE
AGAINST YOU FOR COMPLAINING ABOUT THE
USE OR DISCLOSURE OF YOUR PROTECTED
HEALTH INFORMATION.**

*Deborah S. Green-Lauber, MSW, LISW-S and contract staff
are not responsible for the misuse or re-release of your
Protected Health Information by another individual, agency
or entity.*