Notice of HIPAA 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.

Therapist of Anxiety and Depression Solutions is required by law to maintain the privacy

of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practice please contact:

Ms. Allison L Rapp, LCPC

Anxiety and Depression Solutions

133 Coulter Ave Suite 1

Ardmore, PA 19003

Telephone 443.529.8348

Email: anxietyanddepressionsolutions.com

Effective Date of This Notice: January 8, 2015

I. How Therapist, LPC may Use or Disclose Your Health Information

Anxiety and Depression Solutions collects health information from you and stores it in a chart and/or

on a computer. This is your medical record. The medical record is the property of therapist, LPC, but the information in the medical record belongs to you. Therapist protects the privacy of your health information. Both federal and state laws (the stricter regulation has priority when federal and state statutes are different) permit therapist to use or disclose your health information for the following purposes:

1. Treatment. Therapist Provides mental health counseling and therapy services. Physical exam

may be required in order to receive services.

2. Payment. Allison Rapp, LCPC gathers and discloses information regarding payment and financial issues

to all pertinent providers such as insurance companies, government agencies like Maryland Health

Partners, and third party payors.

3. Regular Health Care Operations. Therapist, LCP gathers and discloses information regarding

administrative operations such as accounting, entitlements, licensing and other regulatory bodies.

4. Information provided to you.

5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

6. Required by law. As required by law, we may use and disclose your health information.

7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

6. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

7. Judicial, administrative proceedings and/or Law enforcement. We may disclose your health information in the course of any administrative or judicial proceeding or to a law enforcement official for purposes such as identifying of locating a suspect, fugitive, material witness or missing person, when complying with a court order or subpoena with concurrence from all necessary parties.

8. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

9. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues if you are a registered organ donor.

10. Research. We may disclose your health information to researchers conducting research that has been approved by you.

11. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

12. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits purposes.

13. Worker’s compensation. We may disclose your health information as necessary to comply with worker’s compensation laws.

14. Change of Ownership. NA

II. Your Health Information Rights

* You have the right to request restrictions on certain uses and disclosures of your health information. You have the right to receive your health information through a reasonable alternative means or at an alternative location. This means that you could request information should be sent to you at an address other than your residence or through a non-traditional means such as fax.
* You have the right to inspect and copy your health information as applicable by state and local laws. You may incur charges for copies requested.
* You have a right to request that therapist amend your health information that is incorrect or incomplete. Therapist may, but is not required to change your health information and will provide you with information if therapist does deny and how you can disagree with the denial.

15. (certain government functions) of section I of this Notice of Privacy Practices.

* You have a right to a paper copy of this Notice of Privacy Practices.
* Any of these requests must be in writing and submitted to therapist. You may request the appropriate form from therapist. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

P.O. Box 2649

Harrisburg, PA 17105-2649

III. Changes to this Notice of Privacy Practices

* Therapist reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, therapist, LCP. is required by law to comply with this Notice.
* When any amendments are made, therapist will notify you of these changes at your next visit.

IV. Complaints

a. Complaints about this Notice of Privacy Practices or how therapist handles your health information should be directed to:

Allison Rapp, LCPC

133 Coulter Ave, Suite 1

Ardmore, PA 19003

b. If you are not satisfied with the manner in which this office handles a complaint, you may submit a

formal complaint to:

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

P.O. Box 2649

Harrisburg, PA 17105-2649

Your therapist considers guarding patient privacy of paramount importance and an essential

part of providing quality care, except as needed to provide appropriate treatment, payment and

operations.

V. Ethical Responsibility to ensure compliance with these standards

Your therapist will make every effort to ensure that the practice provides highest quality, cost

effective appropriate care. Any violations of these standards should be reported to

without any fear of repercussions or reprisals.

Therapist and LCP# Date

I have read and understand the HIPAA privacy regulations.

Patient Name (Print) Date Patient Signature Date