DRTHALIAMOSHOS
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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed. It also provides information regarding your access to this information. Please review and notify me if you have any questions or require further clarification.

With your consent, certain Protected Health Information (PHI) may be disclosed for treatment and other purposes on your behalf. Disclosure will be limited to the minimum amount of information necessary.

PHI that may be disclosed includes, but is not limited to:

Name, address, contact information, SSN

Diagnoses (past and/or current)

Dates and times of treatment

Treatment provided, progress, and outcome

In accordance with state law, PHI may be disclosed without consent during the following circumstances:

In the event of an emergency

For insurance purposes

In the event that you might be a danger to yourself or others In any other circumstance required by law

You may revoke authorization, in writing, at any time, except to the extent that I have already acted on the authorization.

In reference to PHI, you have the right to:

Request restrictions on certain uses and disclosures of PHI.

Following requested restrictions will be dependent on situation and at my discretion.

Receive confidential communications of PHI.

Inspect and copy certain PHI. This does not include my private notes, health information compiled in legal cases, and other limited circumstances.

Amendments to PHI:

If you think some of your health information is incorrect or incomplete, you may ask that corrected or new information be added by providing me a written request with updated information. You must state why you think the correction or new information is necessary. Dependent on situation, I do not have to make the requested amendment. If revision request is honored, you may ask that the corrected or new information be resubmitted to individuals/businesses involved in your treatment.

I hereby acknowledge that I have received a copy of the provider's Notice of Privacy Rights.

_____ _____

Client or Parent/Guardian Signature Date

_____ _____

Thalia P. Moshos, PsyD Date