



1 Bethany Road Suite 69
Hazlet, NJ 07730
P: 732.784.8272 | F: 732.838.0829
Mark Sedlak APN, PMHNP-BC

Patient Name: _____ **Date of Birth:** / / _____

Parent/Guardian Name (if patient under 18): _____

Notice of Privacy

- This notice describes how medical information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully.
- In order to provide you care, Mark Sedlak (your "Provider") must collect, create and maintain health information about you, which includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. Your Provider is required by law to maintain the privacy of this information. This Notice of Privacy Practices (this "Notice") describes how your health information may be used and disclosed, and explains certain rights you have regarding this information. Your Provider is required by law to provide you with this Notice, and will comply with the terms as stated.
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- How Provider Uses and Discloses Your Health Information
- Your Provider protects your health information from inappropriate use and disclosure, and will use and disclose your health information for only the purposes listed below:
- Uses and Disclosures for Treatment, Payment and Health Care Operations. Your Provider may use and disclose your protected health information in order to provide your care or treatment, obtain payment for services provided to you and in order to conduct our health care operations as detailed below.
- Treatment and Care Management. We may use and disclose health information about you to facilitate treatment, and coordinate and manage your care with other health care providers.
- Payment. We may use and disclose health information about you for our own payment purposes and to assist in the payment activities of other health care providers. Our payment activities include, without limitation, determining your eligibility for benefits and obtaining payment from insurers that may be responsible for providing coverage to you, including Federal and State entities.
- Health Care Operations. We may use and disclose health information about you to support health care functions related to treatment and payment, which include, without limitation, care management, quality improvement activities, evaluating our own performance and resolving any complaints or grievances you may have. We may also use and disclose your health information to assist other health care providers in performing health care operations.
- Uses and Disclosures Without Your Consent or Authorization. We may use and disclose your health information without your specific written authorization for the following purposes:

- As required by law. We may use and disclose your health information as required by state, federal and local law.
- Public health activities. We may disclose your health information to public authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability, reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.
- Victims of abuse, neglect or domestic violence. We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect, domestic violence and you agree to the disclosure or the disclosure is required or permitted by law. We will let you know if we disclose your health information for this purpose unless we believe that advising you or your caregiver would place you or another person at risk of serious harm.
- Health oversight activities. We may disclose your health information to federal or state health oversight agencies for activities authorized by law such as audits, investigations, inspections and licensing surveys.
- Judicial and administrative proceedings. We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.
- Law enforcement purposes. We may disclose your health information to a law enforcement agency to respond to a court order, warrant, summons or similar process, to help identify or locate a suspect or missing person, to provide information about a victim of a crime, a death that may be the result of criminal activity, or criminal conduct on our premises, or, in emergency situations, to report a crime, the location of the crime or the victims, or the identity, location or description of the person who committed the crime.
- Deceased individuals. We may disclose your health information to a coroner, medical examiner or a funeral director as necessary and as authorized by law.
- Organ or tissue donations. We may disclose your health information to organ procurement organizations and similar entities.
- For research. We may use or disclose your health information for research purposes. We will use or disclose your health information for research purposes only with the approval of our Institutional Review Board, which must follow a special approval process. When required, we will obtain a written authorization from you prior to using your health information for research.
- Health or safety. We may use or disclose your health information to prevent or lessen a threat to the health or safety of you or the general public. We may also disclose your health information to public or private disaster relief organizations such as the Red Cross or other organizations participating in bio-terrorism countermeasures.
- Specialized government functions. We may use or disclose your health information to provide assistance for certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, we may disclose your health information to appropriate military authority as is deemed necessary. We may also disclose your health information to federal officials for lawful intelligence or national security activities.
- Workers' compensation. We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.
- Individuals involved in your care. We may disclose your health information to a family member, other relative or close personal friend assisting you in receiving health care services. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

- **Appointments, Information and Services.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.
- **Incidental Uses and Disclosures.** Incidental uses and disclosures of your health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.
- **Special Treatment of Certain Records.** HIV related information, genetic information, alcohol and/or substance abuse records, mental health records related to services provided by a New York Article 31 mental health clinic and other specially protected health information may enjoy certain special confidentiality protections (that are more restrictive than those outlined above) under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.
- **Obtaining Your Authorization for Other Uses and Disclosures.** Certain uses and disclosures of your health information will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of health information under the Privacy Rule. Your Provider will not use or disclose your health information for any purpose not specified in this Notice unless we obtain your express written authorization or the authorization of your legally appointed representative. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization to provide your care.
- **Your Rights Regarding Your Health Information**
- You have the following rights regarding your health information:
 - **Right to Inspect or Get a Copy of Your Medical Record.** You have the right to inspect or request a copy of health information about you that we maintain. Your request should describe the information you want to review and the format in which you wish to review it. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may charge you a fee of up to \$.75 per page for copies or the rate established by the Department of Health. We may also deny a request for access to health information under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.
 - **Right to Request Changes to Your Medical Record.** You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. Your Provider might not agree to make the changes you request. If we do not agree with the requested changes we will notify you in writing and inform you how to have your objection included in our records.
 - **Right to an Accounting of Disclosures.** You have the right to receive a list of all disclosures we have made of your health information. The list will not include disclosures made for certain purposes including, without limitation, disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time period covered by your request, which cannot exceed six years. The first time you request a list of disclosures in any 12-month period, it will be provided at no cost. If you request additional lists within the 12-month period, we may charge you a nominal fee.
 - **Right to Request Restrictions.** You have the right to request restrictions on the ways which we use and disclose your health information for treatment, payment and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. We are required to comply with your request if it relates to a disclosure to your health plan regarding health care items or services for which you have paid the bill in full, though in other instances, we may not agree to the restrictions you request.
 - **Right to Request Confidential Communications.** You have the right to ask us to send health information to you in a different way or at a different location. Your request for an alternate form of communication should

also specify where and/or how we should contact you.

- Right to Receive Notification of Breach. You have the right to receive a notification, in the event that there is a breach of your unsecured health information, which requires notification under the Privacy Rule.
- Right to Paper Copy of Notice. You have the right to receive a paper copy of this Notice of Privacy Practices at any time.
- To make a request as described in any of the above, please contact your Provider.
- Right to File Complaints
If you believe your privacy rights have been violated you may file a complaint with your Provider or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against by your Provider for filing a complaint.
- Changes to this Notice

Your Provider may change the terms of this Notice of Privacy Practices at any time. If the terms of the Notice are changed, the new terms will apply to all of your health information, whether created or received by your Provider before or after the date on which the Notice is changed. Any updates to the Notice will be provided to you.

- "Rising Swell Mental Health LLC" SMS Text Messaging Terms of Service
 - These SMS Text Messaging Terms of Service (these "SMS Terms") are incorporated into all agreements between you and "Rising Swell Mental Health LLC" ("our organization", "us", "we"), including any agreements that are preexisting and any agreements that might be enacted contemporaneously with these SMS Terms.

"Rising Swell Mental Health LLC" might use SMS text messaging, from time to time, for certain types of communication with you, including potentially for administrative issues, such as billing, or for health-related issues, such as care reminders.

You agree to receive (you "opt in" to receiving) SMS text messages from "Rising Swell Mental Health LLC", related to services that we are providing to you. Message and data rates may apply, and message frequency varies. You may text us STOP at any time to opt out of receiving SMS text messages from us. You may text us HELP at any time to receive help.

SMS text messages from "Rising Swell Mental Health LLC" may originate from our organizational phone numbers, including:

- ☐ (732) 784-8272
There may be terms in other agreements between you and us that also apply to our organization's use of SMS text messaging, such as general terms related to privacy and data handling for our organization that are not specific to SMS text messaging. You agree that you have reviewed all agreements that we have provided you.

By signing below, you are acknowledging that you understand and agree to the aforementioned notice.

Patient (Parent/Guardian) Signature: _____

Date: ____/____/____