



**DARBOUZE, LLC**

Phone: 856-200-3522/ Fax: 856-242-2955

## **HIPAA Policy and Notice of Privacy Practices**

This notice applies to individuals, or legal guardians or parents of minor children receiving services from Darbouze, LLC. This Notice of Privacy Practice is NOT an authorization. We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future.

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

Protecting health information excludes individually identifiable health information in Education Records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g. Some examples of **Protected Health Information** include information about your past, present or future physical or mental health condition, genetic information, or information about your health care benefits under an insurance plan, each when combined with identifying information such as your name, address, social security number or phone number.

Understanding what is in your record and how your health information is used helps to: ensure its accuracy, better understand, whom what, when, where, and why other may access your health information and make more informed decision when authorizing disclosure to other. As required by HIPAA, we have prepared this explanation of how we maintain the privacy of your health information and how we may use and disclose this information.

**OUR RESPONSIBILTIES:** Darbouze, LLC is required by law to:

- I. Maintain the privacy of your health information.
- II. Provide you with a notice to our legal duties and privacy practices with respect to information we collect and maintain about you.

In addition, Darbouze, LLC is required to:

- I. Abide by the terms of this notice
- II. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- III. Notify you if we are unable to agree to a requested restriction.

### **GENERAL PRIVACY RULE**

We will not use or disclose your health information without your written authorization, except as described in this notice.

**Revoking Your Authorization:** If you provide us with a written authorization to release your information, you make revoke that authorization at any time. A revocation must be in writing, a written revocation will not revoke your prior authorization if we have already released information pursuant to your prior authorization or if your insurance coverage requires your written authorization.

**Separate Authorization for Therapy Notes:** We will not release any therapy notes about you without your consent in writing. You may revoke your specific written authorization at any time. A revocation must in be in writing. A written revoking will not revoke your prior authorization if we already release information pursuant to your prior authorization or if your insurance coverage requires your written authorization.

*Thank you for choosing Darbouze, LLC*

255 Broad Street, Bloomfield, NJ 07003 (North Jersey) The Presidential Center, 101 Route 130 South, Madison Building, Suite 300, Cinnaminson, NJ 08077 (South Jersey)



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**HOW WE MAY USE YOUR INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION.**

1. **Public Health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
2. **Law Enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
3. **Abuse, Neglect or Domestic Violence.** We may disclose your health information to the extent provided by law to an authority, social service agency or protective services agency if we reasonably believe that you have been a victim of abuse, neglect, or domestic violence. We will notify you of this disclosure promptly unless it would place you at risk of serious harm.
4. **Judicial and Administrative Proceedings.** We may disclose your health information in response to an order of a court or administrative tribunal or in response to a subpoena if we receive satisfactory Assurances from the party seeking the information that the party has made an attempt to notify you or to secure a protective order for your information.
5. **Health Oversight Activities.** We may disclose your information to a health oversight agency for activities authorized by law such as audits, civil administrative or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight for the health care system, government benefits programs, government regulations, or compliance with civil rights laws.
6. **National Security and Intelligence Activities.** We may disclose your health information to authorized federal officials for national security activities.

**HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITH YOUR WRITTEN AUTHORIZATION.**

7. **Treatment.** WE MAY USE YOUR HEALTH INFORMATION FOR YOUR TREATMENT., For example, information obtained by a licensed social worker or other team member of Darbouze, LLC will be recorded in your record and may be used to determine our diagnosis or the course of treatment that should work best for you.

*I hereby acknowledge that I have read and understand the HIPAA Policy and Notice of Privacy Practice. I have reviewed a copy of HIPAA PRIVACY NOTICE and have been given the opportunity to receive a copy of the HIPAA Policy and Notice of Privacy Practice.*

**Client Signature if 18 years and older** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature for all minors under the age of 18 years.**

\_\_\_\_\_ **Date** \_\_\_\_\_

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