

# One of a Kind

T H E R A P Y<sup>TM</sup>  
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## **HIPAA PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AS A PATIENT OF THIS PRACTICE MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

### **INTRODUCTION**

One of a Kind Therapy is required by law to maintain the privacy of "protected health information" (PHI). "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from our Privacy Officer.

I understand that these laws are complicated and confusing, yet I must provide you with the following important information:

1. How we may use and disclose your PHI
2. Your privacy rights in your PHI
3. My responsibilities regarding the use and disclosure of your PHI.

### **PERMITTED USES AND DISCLOSURES**

We can use or disclose your protected health information for purposes of *treatment, payment and health care operations*. For each category we will explain what we mean and give some examples. However, not every use or disclosure will be listed.

**Treatment** means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the doctor may review your medical records to assess whether you have potentially complicating conditions like diabetes.

**Payment** means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and utilization review activities. For example, prior to providing health care services, we may need to provide to your health plan information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill your health plan for the services rendered to you, we can provide them with information regarding your care if necessary to obtain payment.

**Health care operations** means the support functions of our practice related to *treatment and payment*, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff when caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. In addition, we may remove information that identifies you from your health information so that others can use this de-identified information to study healthcare delivery without learning who you are.

**OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. 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, and we will disclose only the protected health information that is directly relevant to their involvement in your care. For example, a parent or guardian may ask that a baby sitter to their child to the office for therapy. In this example, the baby sitter may have access to this child's medical information.

When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by federal, state, or local law.

We may contact you as part of our marketing efforts as permitted by applicable law.

Special circumstances may arise in which I may use or disclose your PHI. These could include public health risks (reporting child abuse or neglect), health oversight activities authorized by law (investigations, audits), or lawsuits and similar proceeding (court order or subpoena).

#### **YOUR RIGHTS REGARDING YOUR PHI:**

**Right to request restrictions.** You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request. To request a restriction, you must make your request in writing to the Privacy Officer. I am not required to agree to your request; yet, if I do agree, I am bound to our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.

**Right to request confidential information.** You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations. Your request must be submitted in writing to the Privacy Officer. Your request must specify how or where you wish to be contacted and you do not need to give a reason. For example, you may wish that this office not leave messages or contact you at work.

**Right to inspect and copy.** You have the right to inspect and copy the protected health information contained in your medical and billing records and in any other Practice records used to make decisions about you (you must submit your request in writing to the Privacy Officer) except for psychotherapy notes.

**Amendment:** You have the right to request an amendment to your protected health information, but we may deny your request for amendment, if we determine that the protected health information or record that is the subject of the request: (i) was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment; (ii) is not part of your medical or billing records; (iii) is not available for inspection as set forth above; or (iv) is accurate and complete.

**Right to an accounting of disclosures.** You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you, except for disclosures: (i) to carry out treatment, payment and health care operations as provided above; (ii) to persons involved in your care or for other notification purposes as provided by law; (iii) for national security or intelligence purposes as provided by law; (v) to correctional institutions or law enforcement officials as provided by law; or (vi) that occurred prior to April 14, 2003.

**Right to a paper copy of this notice:** You are entitled to receive a paper copy of my notice of privacy practices. You may ask me to give you a copy of this notice at any time.

**Right to provide authorization for other uses and disclosures:** This practice will obtain your written permission for uses and disclosures that are not identified by this notice or permitted by law. Any authorization provided regarding the use and disclosure of your PHI may be revoked at any time in writing.

#### **COMPLAINTS.**

If you believe that your privacy rights have been violated, you should immediately contact me. I will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

Please contact me with any questions or for more information about this Notice of Privacy Practices and your Protected Health Information at 973.477.9071.

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date