

NINA WATT, LMFT, LPC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required by law to maintain the privacy of your health information and must inform you of my privacy practices and legal duties. You have the right to obtain a paper copy of this Notice upon request. I am required to abide by the terms of the described in this Notice (which may be amended from time to time).

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Use and disclosure of your protected health information (PHI) that I may make without your written authorization.

I may use and disclose your PHI without your written authorization, excluding Psychotherapy Notes as described below, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law. I may use information in your record to provide treatment to you. I may disclose information in your record to help you get health care services from another provider, a hospital, etc. For example, if I want an opinion about your condition from a specialist, I may disclose information to the specialist to obtain that consultation. I may use or disclose PHI from your record to obtain payment for the services you receive. For example, I may submit your diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered. I may use and disclose PHI to allow "health care operations" in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.

Use or disclosure of your PHI that I am required to make without your permission.

In certain circumstances, I am required by law to make a disclosure of your health information. For example, State law requires me to report suspected child abuse or neglect to appropriate authorities. Also, I must disclose information to the Department of Health and Human Services, if requested, to prove that I am complying with regulations that safeguard your PHI.

Use or disclosure of your PHI that I am allowed to make without your permission.

In certain circumstances, I am allowed to disclose PHI without your permission. In these situations, I must use my professional judgment before disclosing information about you. Usually, I must determine that the disclosure is in your best interest and may have to meet certain guidelines and limitations. For example, if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to prevent or lessen a serious or imminent threat to the safety of a person or the public. I may also report suspected cases of abuse, neglect, or domestic violence involving adult or disabled victims. Other disclosures permitted include the following: disclosures for public health activities; health oversight activities such as investigations of possible health care fraud; disclosures to a court, grand jury, or administrative tribunal in response to a subpoena or other legal process, even if not ordered by a court; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroner or medical examiners, and correctional institutions or otherwise as authorized by law.

Use or disclosure of your PHI that require your written authorization.

If you receive mental health care, including treatment for substance abuse, information related to that care that may be more protected than other forms of health information. Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law.

Any psychotherapy notes recorded by me documenting the contents of a counseling session with you will be used only by myself, and will not otherwise be used or disclosed without your written authorization. Uses and disclosures other than those described above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

You have a right to inspect the information in your record, and may obtain a copy of it. This may be subject to certain limitations and fees. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records.

You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication (via email, for example) or at alternative addresses. You may ask me to restrict the use and disclosure of certain PHI that would otherwise be allowed for treatment, payment or health care operations. However, I do not have to agree with these restrictions. You may request in writing an accounting of certain disclosures made by me. You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances. You have the right to obtain a paper copy of this Notice at any time. You have the right to complain to me about my privacy practices. You may take that complaint to the Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with me.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

Effective Date.

This Notice is effective beginning February 18, 2008.

Changes to this Notice.

I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office. You may also obtain any revised notice by contacting me.

This Form is educational only, does not constitute legal advice, and covers only Federal, not State law.

Acknowledgement of Receipt of NOTICE OF PRIVACY PRACTICES

By my signature below I, _____ acknowledge that I have read the Notice of Privacy Practices for Nina Watt, LMFT, LPC

_____ Date _____

_____ Date _____

This form will be retained in your record.