



Nancy J. Patrick, Ph.D. LLC

NOTICE OF PRIVACY PRACTICES

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

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) that prescribes legal duties and privacy practices to protect the privacy of your individual identifiable health information; this is, *Protected Health Information (PHI)*, as that term is defined in the HIPAA under *Information*.

My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by the law to keep your information private. These laws are complicated, but I must give you this important information. Please talk to me about any questions or concerns.

How I use and disclose your protected health information with your consent:

I will use the information I collect about you mainly to provide you with treatment, evaluation, to arrangement payment for my services, and for some business activities that are called, in the law, health care operations. After you have read this notice I will ask you to sign a consent form to let me use and share our information in these ways. Regretfully, if you do not consent and sign this form, I am not able to treat or evaluate you or your child.

If you want to use or send, share or release your information for other purposes, I will discuss this with you and ask you to sign an authorization form to allow this.

Disclosing your health information without your consent:

There are some times when laws require me to use or share your information.

1. To comply with legal proceedings, such as a court or administrative order or subpoena.
2. To law enforcement officials for limited law enforcement purposes.
3. To avert a serious threat to your health or safety or the health or safety of others.
4. To a governmental agency authorized to oversee the mental health care system or government programs.
5. To public mental health authorities for public health purposes.
6. To federal officials for lawful intelligence, counterintelligence, and other national security purposes.
7. To a coroner, medical examiner, or funeral director about a deceased person.

Your rights regarding your health information:

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to

schedule or cancel an appointment or you may ask me not to call you by name in the waiting room area. I will try my best to do so as you ask

2. You can ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends.
3. Your information may be disclosed to a family member, friend, or other person designated by you or as designated by the law, if you verbally agree.
4. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you for time and cost. Please talk directly to me to make arrangements for your records.
5. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me directly. You must also tell me the reasons you want to make the changes.
6. You have the rights to a copy of this notice. If the notice changes, a new version will be posted in the waiting area and you can always ask me for a copy of it.
7. You have a right to file a complaint if you believe your privacy rights have been violated. You can discuss the complaint directly with me and/or file a complaint with the Secretary of the U.S. Department of Health and Human Services (DHHS).
8. You may file a written complaint with me at the address below. An individual must file a complaint within 180 days of when he/she knew or should have known that the act or omission occurred, unless the time limit is waived by the Secretary of DHHS.
9. All complaints must be in writing. Filing a complaint will not change the health care I provide you in any way.

Contact Address

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