

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

1. Uses and Disclosures of Protected Health Information (PHI)

In the course of your treatment with Griffin Hansbury, MA, LCSW, your personal and health-related information (excluding Psychotherapy Notes) may be used or disclosed as per the following items (the examples given in each category are not meant to be exhaustive, but to describe the types of uses and disclosures that are permissible under federal and state law):

Treatment: Your PHI may be disclosed to another healthcare provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment, or in the case of an emergency. Your PHI may be disclosed to other healthcare providers who are on call to handle urgent or emergency situations for me when I am on vacation or unavailable for another reason.

Payment: Your PHI may be disclosed to another party, such as an insurance carrier or HMO, a PPO, or your employer, if they are responsible for the payment of your services. Your PHI may be disclosed to a third party service provider who issues, processes, and collects bills on my behalf.

Contact: Your name, address, phone number, other contact information, and your PHI may be used to contact you regarding appointments, reminders, information about alternatives to your present care, or other health-related information that may be of interest to you. If you do not answer your phone to receive an appointment reminder or a change in scheduling, a message may be left on your voicemail.

You have the right to inspect or obtain a copy of the information used for these purposes. I will not use or disclose your PHI for other purposes, unless consistent with HIPAA or applicable state law, without first obtaining your written permission on an Authorization for Release Form.

2. Uses and Disclosures Required or Permitted by Law

I may use or disclose your PHI without your authorization, even when it is not for purposes of treatment, payment, or healthcare operations, when I am required to do so, or am permitted by law to do so. For example, in compliance with applicable public health reporting laws, including cases of suspected abuse or neglect, or imminent harm to yourself or others. I am also permitted or required to disclose your PHI if I am ordered by the courts or another mandating agency.

3. Your Individual Rights

You have the right to submit a written request to access your medical, including billing, records maintained by me for up to seven years from the date the record was created. You do not have a right to access Psychotherapy Notes. You may also request copies of your records, for which I may charge a fee for the costs of copying and mailing.

I am required by state and federal law to maintain the privacy of your patient file and the PHI therein. I am also required to provide you with this notice of my privacy practices with respect to your PHI. I reserved the right to alter or amend the terms of this privacy notice, and will notify you as soon as possible of the changes.

If you have a complaint regarding this privacy notice, my privacy practices, or any aspect of my privacy activities, you should direct this complaint in writing to: Griffin Hansbury, LCSW, 841 Broadway, Suite 302, New York, NY 10003.

This Notice is effective on May 20, 2012. This notice and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. The patient's signature below acknowledges that a copy of this notice was received:

Name (Printed): _____

Signature: _____ Date: _____