Debra Diaz, LCSW
Licensed Clinical Social Worker
Tax ID#61-1611647
NJ License # 44SC05271800

6 Prospect Street
Midland Park, NJ 07432

201-783-5154

(mailing address)
P.O. Box 238
Waldwick, N.J. 07463

HIPAA PRIVACY NOTICE

Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may *use* or *disclose* your *protected health information* (*PHI*), for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- "*PHI"* refers to information in your health record that could identify you.
- *"Treatment, Payment and Health Care Operations"*
    - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
    - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
    - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *"authorization"* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. *"Psychotherapy notes"* are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If there is reasonable cause to believe that a child has been subject to abuse, this must be reported immediately to the New Jersey Division of Youth and Family Services (DYFS).
- **Adult and Domestic Abuse:** If there is reason to believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, the information may be reported to the county adult protective services provider.
- **Health Oversight:** If the New Jersey Board of Psychological/Social Work Examiners issues a subpoena, this may compel testifying before the Board and produce your relevant records and papers.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under

state law, and I must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.

- **Serious Threat to Health or Safety:** I may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation**: If you file a worker's compensation claim, and I am treating you for the issues involved with that complaint, then I must furnish to the chairman of the Worker's Compensation Board records which contain information regarding your psychological condition and treatment.

IV. Patient's Rights and Counselor's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Counselor's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will mail the revised Notice to you, as well as making it available in my office.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact my office at 201-783-5154.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to my office.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 15, 2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by either distributing it to you in the office or mailing it to your home address.

Debra Diaz, LCSW
Licensed Clinical Social Worker
Tax ID#61-1611647
NJ License # 44SC05271800

6 Prospect Street
Midland Park, NJ 07432

201-783-5154

(mailing address)
P.O. Box 238
Waldwick, N.J. 07463

HIPAA PRIVACY NOTICE

Notice of Policies and Practices to Protect the Privacy of Your Health Information

Your signature and date below acknowledges that you have been provided with this document regarding policies and practices concerning your protected health information (PHI).

Your signature below also gives general consent for use or disclosure of your protected health information (PHI) for treatment, payment, and health care operations purposes. Your signature also allows us to leave voicemail messages at the telephone numbers you provide regarding confirming/changing appointments, questions about insurance, etc.

_____ PRINT PATIENT NAME	_____ PATIENT SIGNATURE	_____ DATE
_____ IF PATIENT IS UNDER 18 YEARS OLD/ UNABLE TO GIVE CONSENT, PRINT NAME OF PARENT(S)/ SOLE LEGAL GUARDIAN	_____ IF PATIENT IS UNDER 18 YEARS OLD/ UNABLE TO GIVE CONSENT, SIGNATURE OF PARENT(S)/ SOLE LEGAL GUARDIAN	_____ DATE
_____ IF JOINT CUSTODY OF MINOR, PRINT NAME OF OTHER/PARENT/ OTHER LEAGAL GUARDIAN	_____ IF JOINT CUSTODY OF MINOR, SIGNATURE OF OTHER/PARENT/ OTHER LEAGAL GUARDIAN	_____ DATE
_____ PRINT NAME OF PSYCHOTHERAPIST	_____ SIGNATURE OF PSYCHOTHERPIST	_____ DATE