

DANIEL MACCIA, PSY.D.

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. IT SHOULD BE REVIEWED WITH CARE.

Dr. Daniel Maccia is required by federal and state law to maintain the privacy of your health information, give you this notice about privacy practices, legal obligations, and your rights concerning your health information "Protected Health Information" (PHI). Dr. Maccia must follow the privacy practices that are described herein and these practices may be amended as needs or requirements change.

For further clarification of anything noted in this document please contact Dr. Maccia.

Uses and Disclosures of Your Protected Health Information

The following will explain the ways in which I may use your health information ***without your consent*** under Federal and State law. In all cases, I practice disclosing minimum information necessary to achieve the purpose of said disclosure. This is not intended to be an exhaustive list, but instead an explanation of cases and scenarios where disclosure of PHI may be necessary falling under general categories. These disclosures exclude psychotherapy notes as described in the next section.

- A. Treatment: I may use and disclose information related to your treatment to members of your current treatment team for the purposes of continuity of care and to coordinate and manage your healthcare and related services.
- B. Payment: I may use and disclose information in your protected health record for billing purposes with your insurance plan. Your insurer may require certain information about your treatment prior to authorizing payment for services.
- C. Health Care Operations: These include quality improvement activities, consultation with colleagues, licensing, and credentialing activities.
- D. Where ever required by law, your protected health information will be disclosed.
- E. In the event of an emergency your protected health information may be disclosed in order to allow for your treatment and care.

Uses and Disclosures Requiring your Written Consent

Notes recorded by your clinician, documenting the contents of your session (Psychotherapy Notes), will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.

Marketing activities will never include your protected health information without your written approval.

Any disclosure to individuals not directly involved in your treatment or care (ie: your attorney, school, etc.) will require your written authorization for release of PHI.

Note: Your “authorization” to release PHI may be revoked at any time by providing said revocation in writing. This revocation will go into effect when I have personally received and reviewed the written notice.

Your Rights Regarding Your Health Information

- A. Right to Inspect and Copy: You have the right to inspect and copy your medical and billing records, not psychotherapy notes. All requests of this nature must be made in writing. There will be a fee associated with copying records and mailing records if you chose to receive them via mail.
- B. Right to Request Confidential Communications: You have the right to request that I communicate with you only in a certain location or through a certain method ie: at work only or through email, etc. All requests must be received in writing and reasonable requests will be honored. I do not need to know the reason for the request, but do need to know the specifics on where and how you wish to be contacted.
- C. Right to Request Restrictions: You have the right to request a restriction on the health information I use or disclose about you for treatment, payment, or health care operations. Requests for restrictions must be submitted in writing. I am not required to agree with your request for restriction, however, if I do agree, I will honor your request unless the restricted health information is needed to provide you with emergency treatment.
- D. Right to Accounting of Disclosures: You have the right to request that I provide you with an accounting of the disclosures I have made of your protected health information. This request must be made in writing and will not include disclosures made for the purposes of treatment, payment, and health care operations.
- E. Right to Request an Amendment: You have the right to request that I amend your health information. Your request must be made in writing and should detail the reason for the requested amendment. I may deny your request in certain circumstances.
- F. Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.
- G. Questions or Complaints: Any questions or complaints regarding your privacy rights should be addressed with the Privacy Officer, Dr. Daniel Maccia. You may also contact the Secretary of the U.S. Department of Health and Human Services. I will not retaliate against you if you chose to complain to me or an outside agency.

This notice is effective April 14, 2003. It may be amended at any time and the revision will be effective for all PHI I maintain. In the event of an amendment, a new notice will be posted and you may request a copy of the revised notice.

I acknowledge having received a copy of Dr. Daniel Maccia’s Notice of Privacy Practices.

Client Signature: _____

Date: _____