Laura A. Zipris, Psy.D., LMHC

***Notice of Policies and Privacy 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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you, the client, significant new rights to understand and control how your **protected health information (PHI**) is used. HIPAA provides penalties for covered entities that misuse personal health information.

Each time you meet with your psychotherapist, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to all of the records of your care generated by Laura A. Zipris, PA.

***Psychotherapist Responsibilities***

Laura A. Zipris, PA is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. We are required to abide by the terms of this notice and notify you if we make changes to this notice, which may be at any time.

***How We May Use and Disclose Medical Information About You***

**Treatment:** We may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. We may disclose medical information about you to doctors, other therapists, or others who are involved in your treatment only with your written authorization. For example, if a referral is made to another health care provider we may provide oral information and copies of various reports that should assist her or him in treating you.

**Payment:** Your PHI may be provided to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Or, upon your request, you will be provided with medical information about you in the form of a bill for your sessions so that you may submit it to your insurance company for reimbursement.

***Other Uses and Disclosures***

We may use and disclose your health information in an emergency situation to prevent harm to yourself or others. An example would be mandated reporting of abuse to children, the elderly, a disabled person, or when a judge orders the release of information. Only the minimum amount of information relevant to your health care will be disclosed.

We may create and distribute de-identified health information by removing all references to individually identifiable details.

We may contact you to provide appointment reminders, or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions based on your initial authorization.

***Your Rights***

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

* The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. However, Laura A. Zipris, PA is not required to agree to a requested restriction.
* The right to request and receive confidential communications of PHI by alternative means and at alternate locations. (For example, you may not want a family member to know that you are being seen. Upon your request, Laura A. Zipris, PA will send your bills to another location).
* The right to inspect and copy your protected health information. On your request, Laura A. Zipris, PA will discuss with you the details of the request process.
* The right to request an amendment of your PHI as long as the PHI is maintained in the record. Laura A. Zipris, PA may deny your request. On your request, Laura A. Zipris, PA will discuss with you the details of the amendment process.
* The right to receive an accounting of disclosures of PHI. On your request, Laura A. Zipris, PA will discuss with you the details of the accounting process.
* The right to obtain a paper copy of this notice from Laura A. Zipris, even if you have agreed to receive the notice electronically.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the federal government at the address below, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

*Department of Health & Human Services,
Office of Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201.
1-877-696-6775
(202) 619-0257*

If you have any questions about this notice, please contact:

*Laura A. Zipris, PA*

*561-558-7815*

This notice will go into effect on June 1st, 2013. Laura A. Zipris, PA reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that the office maintains. You will be provided with notification of any revisions.