



Shelley Pier, MSW, LCSW

HIPAA Notice of Privacy Practices

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This practice is committed to maintaining client confidentiality. Release of your health care information is done in accordance with federal and state laws and the ethics of the social work profession. This notice is required to be given to all clients, and it describes policies related to the use and disclosure of your healthcare information, your rights, and this practice's responsibilities. This information will be reviewed at your first session.

Treatment

This practice may need to use or disclose health information about you to provide, manage, or coordinate your care or related services, such as: consultants and potential referral sources. In all cases, your identifying information will not be disclosed without explicit written permission from you.

Payment

Your health information may be used or disclosed to provide what is necessary to verify insurance coverage and/or benefits with your insurance carrier as well as to process your claims and bills.

Operations

This practice may need to use information about you to review treatment procedures and business activity. Information may be used for certification, compliance, and licensing activities. In all cases, no identifying information will be disclosed without written permission from you.



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There are other uses or disclosures of your information that do not require your consent:

Emergencies: Sufficient information may be shared to address an immediate emergency.

Judicial and Administrative Proceedings: Your personal health information may be disclosed in the course of a judicial or administrative proceeding in response to a valid court order or other lawful process (example - Workers Compensation).

Mandated Reporting: If you are an immediate danger to yourself or others, your health information will be disclosed to the authorities, as well as alerting any other person who may be in danger. Should there be a suspicion of child or elder abuse/neglect, it is an obligation under state law to report this to the appropriate authority.

Criminal Activity or Danger to Others: Health information may be disclosed if a crime is committed on the premises or against our personnel, or if it is believed someone is in immediate danger.

National Security, Intelligence Activities, and Protective Services to the President and Others: Health information may be released to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.

Business Associates: The minimum necessary health information may be disclosed to business associates who perform functions on this practice's behalf. For example, Shelley Pier, MSW, LCSW contracts with DAS Billing Solutions. These business associates are in compliance with the standards of privacy practices and are not allowed to use or disclose any information other than that which is needed to perform their function.

Clinical Supervision: Under certain circumstances, clinical supervision is utilized and your health information may be disclosed during this time in order to provide you with the highest quality of care.

Scheduling Appointments: Your phone number will be used to contact you to schedule appointments unless you specify otherwise.



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Client's Rights

Right to Receive Appropriate Treatment: You have a right to receive treatment that is appropriate and helpful. If you are not satisfied, you may terminate treatment at anytime.

Right to Request How You are Contacted: It is the typical practice to communicate with you at the phone number you provide. Unless you specify, voicemails may be left for you. If you prefer email contact, you have a right to specify this with the note that email communication is not guaranteed confidential. Bills and receipts will be sent to your home address unless otherwise specified. You have a right to specify the way that you prefer communication and messages left.

Right to Inspect and Copy Records: You have the right to look at or get copies of your health information. If you request a copy of your records, the request must be in writing and a reasonable charge may be made for the costs incurred.

Right to Release Your Medical Records: You may consent in writing to release your records to other providers. You have the right to revoke this authorization, in writing, at any time. However, this revocation will not affect any of the communication made prior to the revocation.

Right to Correct Your Medical Records: You have a right to request that items are added or amended in your health information. Your request must be in writing and it must explain why the information should be amended. This practice has the right to deny your request under certain circumstances and you will be told in writing within 30 days.

Right to Get a List of All Instances in Which Your Information Has Been Shared: You have the right to receive a list of instances in which your health information has been disclosed for a purpose other than treatment, payment, or health care operations or when you have asked for your information to be disclosed. To request an accounting of disclosures, you must do so in writing. This information is available six years after the last date of service.

Right to Ask for Limited Use or Sharing: You have the right to request a restriction or limitation on the health information used or disclosed about you. For example, you could ask that information not be shared with the insurance company, in which case you would be responsible to pay in full for the services provided. To limit the use or sharing of your information, a request must be done so in writing. This practice has the right not to agree to the request, but it will be considered very seriously. If this practice agrees, the agreement will be abided by unless the information is needed in an emergency or by law.



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Right to Obtain a Paper Copy of this Notice: You have the right to receive an electronic or paper copy of this notice and any amended notice upon request. Other uses and disclosures not set out in the information above will be made only with this practice's written authorization. You may revoke a written authorization for release of information at anytime. The revocation must be in writing and will become effective when it has been received and will only be for disclosures not already completed.

Right to Receive Changes in Policy: Policies and practices have the right to change, provided such changes are permitted by law. If policies are revised, existing clients will be notified in writing.

Right to be Notified of a Breach of Security of Confidential Information: Every effort is made to maintain security of all confidential information at all times. In the unlikely event that a breach of security compromises your confidentiality, you will be promptly notified.

Right to Ask Questions or File Complaints: If you believe your privacy rights have been violated, you may talk with your therapist at anytime. If you are not satisfied with the response to your issue, you may file a complaint with the U.S. Department of Health & Human Services www.hhs.gov/ocr/hipaa/ . No retaliation will be taken against you should you choose to file a complaint.

I have read and received a copy of the HIPAA Notice of Privacy Practices and Client's Rights documents.

Client Signature: _____

Date: _____

Client Name: _____

This Notice of Privacy Practices is effective 4/1/2016. Should there be any changes to these terms, you will be notified.