

**Andrew DiFiore, LCSW – 970 Farmington Ave. Suite 305 – West
Hartford, CT 06107 – 860-748-2331**

PRIVACY AND CONFIDENTIALITY and HIPAA

PLEASE READ CAREFULLY:

The Health Portability and Accountability Act (HIPAA), effective April 13, 2003, requires me to provide you with my Notice of Privacy Practices. Please note that I will maintain the privacy and confidentiality of your treatment aside from what is contained in this document. When in doubt, I will choose not to disclose information or keep disclosure to a bare minimum. If you have signed a release of information (ROI) to me to speak with other (as specified on the ROI) providers, individuals, or entities, I will, in most cases, keep such discussions brief and as vague and unspecific as possible, unless discussed otherwise. An example of this would be communication between myself and The Department of Children and Families (DCF). In this example, I would only communicate the bare minimum of information needed and not provide additional unprompted information. An example of normal, routine communication with an outside entity, provider, or individual in which the communication would be more detailed would be communication with a client's medication provider as to coordinate care.

There are no other individuals that would have access to your record in the normal course of practice. If you use insurance, I will have to provide protected health information to satisfy your insurance company that your treatment is medically necessary and meets professional practices. There are a few exceptions to protected disclosure of protected health information although I will make every effort to keep you informed of disclosures that I am required to make:

- Suspected abuse or neglect
- Medical emergencies based on risk of harm to self or others
- Court-ordered subpoenas

Please feel free to discuss with me any questions or concerns that you have about privacy and confidentiality. I take the professional ethics around privacy and confidentiality very seriously and am happy to discuss them with you.

HIPAA COMPLIANT NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes the way in which I may use and disclose your medical/health information and how you can get access to this information. Your health information is contained in your medical and billing records maintained by my office. Protected health information is the information I create and obtain in providing services to you. Such information may include: documenting your symptoms, medical and mental health history, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. I recognize that your personal health information is personal. I am committed to protecting your information. I also am legally required to document the care and services I provide to you. This Notice applies to these records.

In summary, you have the following rights:

- The right to inspect and copy your information;
- The right to request corrections to your information;
- The right to request that your information be restricted;
- The right to request confidential communication;
- The right to a report of disclosures of your information; and
- The right to a paper copy of this Notice.

MY LEGAL RESPONSIBILITY TO PROTECT YOUR HEALTH INFORMATION

Federal law requires me to:

- Maintain the privacy of your protected health information that I have created or received from another healthcare provider;
- Maintain the privacy of your protected health information regarding payment for healthcare;
- Notify you about how I protect your protected health information;
- Explain how, when, and why I use and disclose protected health information about you;
- Abide by the terms of this Notice, as currently in effect;
- Notify you if we were unable to agree to a requested restriction on how your protected health information is used or disclosed;
- Accommodate reasonable requests that you make to communicate protected health information by alternative means; and
- Obtain your written authorization to use use and disclose your protected health information for reasons other than those listed and permitted by law.

Changes to this Notice:

I reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information I maintain. If my information practices change, I will amend this Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of this Notice or by visiting my office and picking up a copy.

This Office is Permitted by Federal Privacy Laws to Use and Disclose Protected Health Information for Purposes of Providing Treatment, Obtaining Payment, and for Health Care Operations.

Examples of Use and Disclosure of Your Health Information for Treatment Purposes:

- I obtain treatment information about you and record it in a health record.
- During the course of your treatment, I determine I will need to consult with another professional in order to coordinate or manage your mental health treatment and related services. I will share the information with this professional and obtain his/her input.
- I may also disclose your protected health information to providers or facilities that may be involved in your care after you end your treatment with me.

Examples of Use and Disclosure of Your Health Information for Payment Purposes:

- I may use and disclose your protected health information so that I can bill and receive payment for the services I provide to you.
- For billing and payment purposes I may disclose your protected health information to insurance or managed care company, Medicare, Medicaid or other third party payer. The information on the bill may contain information that identifies your diagnosis and course of treatment.
- I may contract your health plan to confirm coverage or to obtain precertification of a service.
- I may submit requests for payment to your health insurance company.
- I will provide information your health insurance company in response to their requests about your medical condition and the care given.

Examples of Use and Disclosure of Your Information for Health Care Operations:

- I may use or disclose to organizations that assess the quality of care I provide (such as government agencies or accrediting bodies).
- I may use or disclose protected health information to non-healthcare personnel, such as billing personnel.
- I may use or disclose protected health information to organizations that evaluate, certify or license healthcare providers in a particular specialty.
- I may use or disclose protected health information to assist others who may be reviewing my activities such as accountants, lawyers, consultants, risk managers and others who assist me in complying with state and Federal laws.
- I may use or disclose your protected health information when I call or leave messages on your answering machine to schedule, remind you of, or confirm/reschedule an appointment.

Other Disclosures and Uses

Under current Federal law, I may use and disclose your protected health information in circumstances in which you do not have to give authorization or otherwise have the opportunity to agree or object.

Serious Threat

To avert a serious threat to health or safety, I may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Reporting Victims of Abuse, Neglect, or Domestic Violence

When authorized by law or if you agree to the report, and if I believe you have been a victim of abuse, neglect or domestic violence, I may use and disclose your protected health information to notify a government authority.

Law Enforcement

I may disclose your protected health information for certain law enforcement purposes, including:

- Complying with a court order, warrant, or subpoena
- Reporting certain types of wounds and/or other physical injuries (e.g., gunshot wounds)
- Reporting emergencies or suspicious deaths
- Reports required by law

Judicial and Administrative Proceedings

I may disclose your protected health information to a lawsuit, dispute, court or administrative order. I may also disclose protected health information in response to a subpoena, discovery request, or other lawful process by another party involved in the action. I will make a reasonable effort to inform you about the request.

Employers

I may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release (ROI) of that information to your employer.

Workers Compensation

If you are seeking compensation through Workers Compensation, I may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Health Oversight

When authorized by law, I may disclose your protected health information

to a state or Federal health oversight agency, whose activities may include audits, investigation, inspections, and licensure.

Individuals Involved in Your Care or Payment for Your Care

Unless you object I may disclose protected health information about you to a family member, relative, close personal friend, or other person you identify (including clergy), who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or payment for your care.

Public Health

As authorized by law, I may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Other Uses

Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice.

Any Other Use or Disclosure of Your Protected Health Information Requires Your Written Authorization

Under any circumstances other than those listed above, I will require you to provide me with a written authorization (ROI) before I use or disclose your protected health information to anyone. If you sign an authorization (ROI) allowing me to disclose protected health information in a specific situation, you can revoke or cancel your authorization in writing at any time.

Your Health Information Rights

The health and billing records that I maintain are the physical property of my office. The information in it, belongs to you. You have the following rights regarding the protected health information that I maintain:

The Right to Access Your Protected Health Information

Upon written request, you have the right to inspect and obtain a copy your health record and/or billing record. You may exercise this right by delivering the request to my office. I may deny your request to inspect or receive copies in certain limited circumstances (for example, the record contains confidential information about another individual). You may have a right of appeal of this denial of access to your protected health information. I will provide you with a rationale for this denial as required by both state and Federal law.

The Right to Request Restrictions

You have the right to request a restriction on the way I use and disclose your protected health information. You can also request I limit the information I disclose to those involved in your care or the payment of your services by delivering the request to my office. I am not required to grant the request, but we will comply with any request granted, except in the event of an emergency and will only disclose the restricted information to the extent necessary for your emergency treatment.

The Right to Confidential Communications

You have the right to request that I communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that I contact you only at a certain phone number or specific address.

Right to a Paper Copy of this Notice

You have the right to obtain a paper copy of this Notice even if you have agreed to receive it electronically by contacting me in writing or by phone.

The Right to Request an Amendment

You have the right that I amend or modify the records in my custody to correct incomplete or incorrect information. This request must be in writing and must explain the reasons for the proposed amendments. I may deny your request if you ask me to amend information that:

- Was not created by me;
- Is not part of the health information kept by or for the office;
- Is not part of the information that you would be permitted to inspect and copy; or
- In my opinion, is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

The Right to an Accounting of Disclosures

You have the right to request a report of disclosures of your protected health information. You may ask for disclosures up to six years before your request. I am not required to include disclosures made for treatment; made for billing or collection of payment for your treatment; made in the process of healthcare operations; made directly to you that you authorized; or those made to individuals involved in your care. You must submit your request in writing to the contact person listed in this notice.

To Request Information or File a Complaint

If you have any questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Andrew DiFiore, LCSW at 860-748-2331. Additionally, if you believe that your privacy rights have been violated, you may file a written complaint at my office by delivering the written complaint to: 970 Farmington Avenue Suite 305, West Hartford, CT 06107.

You may also file a complaint by contacting:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

You will not be retaliated against for filing a complaint.

Effective 5/2016