



# HADDONFIELD PSYCHMANAGEMENT, P.A.

Comprehensive Psychological Services

## HIPAA COMPLIANCE ACT

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### Summary of Protected Health Information Notice

This summarizes how psychological and medical information may be used and disclosed and how you can get access to this information. A detailed copy of the policies and practices is available upon request.

#### 1. Uses and Disclosure for Treatment, Payment and Health Care Operations

Your provider may use or disclose your protected health information (PHI) for treatment, payment, and health care operation purposes with your consent.

#### 2. Uses and Disclosures Requiring Authorization

Your provider may use or disclose your PHI for purposes outside of treatment, payment, and healthcare operations only with your written authorization. Your provider will make available an "Authorization for Release of Information" in the event authorization is necessary. You have the right to revoke all such authorizations, provided each revocation is in writing. You may not revoke an authorization to the extent that your provider has relied on that authorization, or when the authorization was obtained as a condition of procuring insurance coverage, and when the law provides the insurer the right to contest a claim under the policy.

#### 3. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse**
- **Adult and Domestic Abuse**
- **Health Oversight**
- **Judicial or Administrative Proceedings**
- **Serious Threat to Health or Safety**
- **Worker's Compensation**

#### 4. Patient's Rights and Provider's Duties

##### **Patient's Rights**

- *Right to Request Restrictions* – You have the right to request restriction on certain uses and disclosure of your PHI. However, your provider is not required to agree to a restriction that you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request that any communication be sent to another address or an alternative means of communication be used.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your provider may deny your request in some cases.
- *Right to Amend* – You have the right to request an amendment of PHI as long as the PHI is maintained in the record. Your provider may deny your request.
- *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.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from your provider upon request, even if you have agreed to receive this notice electronically.

##### **Provider's Duties**

- By law, your provider is to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Your provider reserves the right to change the privacy policies and practices described in the notice. Unless you are notified of such changes, your provider is required to abide by the terms in effect.
- If we revise policies and procedures, we will notify you in writing.

#### 5. Complaints

If you are concerned that your provider has violated your privacy rights, or you disagree with a decision your provider has made about access to your records, you may contact the Director of Haddonfield PsychManagement, P.A. This can be arranged through Haddonfield PsychManagement's office manager.

You may also send a written complaint, if necessary, to the Secretary of the U.S. Department of Health and Human Services. The Director of Haddonfield PsychManagement, P.A. can provide you with the appropriate address upon request.