



• BALANCED LIVING •

NOTICE OF PRIVACY- BRIEF VERSION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy.

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also also required by law to keep your information private. These laws are complicated, but we must give you this important information. This pamphlet is a shorter version of the full NPP which you may request at any time.

We will use the information about your health which we get from you or from others mainly to provide you with treatment (psychotherapy), to arrange payment for our services, and for some other business activities which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a Consent Form to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If we or you want to use or disclose (send, share, release, receive) your information for any other purposes we will discuss this with you and ask you to sign a Release of Information form to allow us to do that.

Of course we will keep your health information private but there arc some times when the law requires us to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and Legal or Court Proceedings.
3. If a law enforcement official requires us to do so.
4. As required by law: Federal, State or Local Law.
5. For Workers Compensation and similar benefit programs.

There are some other situations like these that do not happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records but not Psychotherapy Notes. You can even get a copy of your records but we may charge you. Contact our Privacy Officer to arrange how to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Office who is Bridget Lind, LPCC and can be reached at (440) 941-0425.

The effective date of this notice is September 1, 2013.

Patient's Name: _____ Patient's DOB: _____

Patient's Signature: _____

OR Parent/Guardian Signature: _____

Date: _____