

Mrs. Jay Butterfield, LCSW
Licensed Clinical Social Worker
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Your Information. Your Rights. My Responsibilities.

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.**

Your Rights

You have the right to:

- Confidentiality of clinical records and context of therapeutic sessions, however there are exceptions to confidentiality, included but not limited to reporting child, elder and dependent adult abuse; expressed threats or violence towards an ascertainable victim.
- File a complaint if you believe your privacy rights have been violated
- Be treated with dignity and respect
- To refuse to be video taped, audio recorded, or photographed

My Uses and Disclosures

I may use and share your information as I:

- Treat you
- Bill for your services
- Comply with the law

If you are in danger of harming yourself, or if you are unable to care for yourself, I may take reasonable steps to protect you, potentially by involving your family members, relatives, friends or others including the police or the county crisis team.

If I believe that you or anyone else is in danger of serious harm, you agree that I may contact any person in a position to prevent such harm. This includes (but is not limited to) the following people, who can be reached at the following telephone numbers:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Informed Consent

I _____ consent to psychotherapy treatment with Mrs. Jay Butterfield, LCSW. I understand that psychotherapy includes the practice of healthcare delivery, including mental health care, diagnosis, consultation, treatment and exchange of medical data.

I understand that psychotherapy requires my active participation. My progress depends on my efforts, commitment and engagement with therapy. The process of psychotherapy may also bring up uncomfortable feelings such as anger, frustration, sadness and guilt. I may experience periods of depression as I work through issues in therapy.

I understand that there may be risks and benefits associated with any form of psychotherapy and that despite my efforts and the efforts of my psychotherapist, my condition may not improve and in some cases may even get worse.

I understand that I may benefit from psychotherapy but that the results cannot be guaranteed or assured. The benefits of psychotherapy may include but are not limited to: a greater ability to express thoughts and emotions, improvements in interpersonal relationships and increased self-awareness.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you.
- I may say “no” to your request, but I will tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say “yes” to all reasonable requests.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights.
- You can complain to the Board of Behavioral Sciences in California by calling 916-574-7830 or visiting www.bbs.ca.gov.
- You can complain to the Social Work Examiners Board in New Jersey by calling 973-504-6495.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

How do I typically use or share your health information?

I typically use or share your health information in the following ways.

Treat you

I can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Bill for your services

I can use and share your health information to bill and get payment from health plans or other entities.

Example: I give information about you to your health insurance plan so it will pay for services.

How else can I use or share your health information?

Help with public health and safety issues

I can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Address workers' compensation, law enforcement, and other government requests

I can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protection

Respond to lawsuits and legal actions

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request.