



Tammy L. Sausa, LCSW

132 Midland Avenue, Suite A

Garfield, NJ 07026

Telephone: 973-340-1500

tammysausa@atherapylifecenter.com

www.atherapylifecenter.com

Notice of Privacy Practices

A federal law, the Health Insurance Portability and Accountability Act (HIPAA), ensures confidentiality and has created a set of regulations to maintain the privacy of all your psychological information. Confidentiality has always been essential in psychotherapy. This notice will describe the main HIPAA provisions, the limited circumstances by which psychological and medical information about you may be used and disclosed and how you can gain access to the information about your case. Please review this notice carefully.

I may only use or disclose your Protected Health Information (PHI-information that could identify you) with your consent, (1) for the purpose of treatment, (2) to obtain payment by a third party such as an insurance company, or (3) to conduct other routine health care operations.

Treatment is when I provide, coordinate or manage your care. An example might be when I consult with your family physician.

Payment is when I obtain reimbursement for your care. An example might be when I disclose your PHI to the insurance company to obtain reimbursement for your care or to determine eligibility coverage.

Health Care Operations are activities that relate to the performance and operation of my practice. An example might be if I were to do an improvement assessment of my practice which would not be shared with others.

At times, I may be asked to share information about you for reasons other than those listed above. For example, a school may want information about your minor child. This sharing of information requires a special authorization. An authorization is written permission that permits only specific disclosures which I obtain before releasing this information.

You may revoke these authorizations at any time, provided that each revocation is in writing. You may not revoke an authorization retroactively. Examples might be: (1) If I have already relied on that authorization to disclose information; or (2) if the authorization was obtained as a condition of obtaining insurance coverage and the insurer may contest the claim under the policy as allowed by law.

There are some other circumstances in which I may disclose your PHI without your consent or authorization. These include if there is actual or suspected child, adult or domestic abuse; if you are in danger or hurting yourself or someone else; if there is a valid court order presented or if you are seeking workman's compensation.

Under the HIPAA law you as a patient now have the following rights:

You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you requested.

You have the right to request and receive confidential communications, alternative means and at alternative locations. For example, I could send your bills to your address.

You have the right to inspect or obtain a copy (or both) of your mental health and billing records. I might deny you access under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and the denial process.

You have the right to request an amendment of your records. I might deny your request. On your request, I will discuss with you the details of the amendment process.

You generally have the right to receive an accounting of disclosures for which you have neither provided consent nor authorization (as described above). On your request, I will discuss with you the details of the accounting process.

You have the right to obtain a paper copy of this notice (even if you have agreed to receive the notice electronically).

Under the HIPAA law my duties as Therapist are:

I am required by law to maintain the privacy of your PHI and to provide you with a notice of my legal duties and privacy practices. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will mail you a new notice.

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please let me know and we will address your concerns according to the HIPPA guidelines. You may also send a written complaint to the Secretary of the U.S. Department of Human Services at the Office for Civil Rights.

This notice has been in effect since April 18, 2016. I reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail.

Your signature below indicates that you have read and accepted the information contained in this HIPPA notice.

Name

Date