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NOTICES OF PRIVACY PRACTICES – SHORT 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.

My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your personal health information. I am also required by law to do this. These laws are complicated, but I must provide them to you. This document is a shorter version of the full, legally required NPP. The entire privacy rule, as well as guidance and additional materials, may be found online at <http://www.hhs.gov/ocr/hipaa> or may be provided upon request. Please tell me of any questions or problems you may have with understanding this document.

I will use the information about your health which I get from you or others mainly to provide you with **treatment**, to arrange **payment** for my services, or for some other business activities which are called, in the law, health care **operations**. After you read this NPP, I will ask you to sign a **consent form** to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

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

I will keep your health information private, but there are some circumstances when the laws require me to use it or to share it, such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization who is able to help prevent or reduce the threat.
2. If a judge orders me to do so.
3. For Worker's Compensation and similar benefit programs.

There are other situations like these but which 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 me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment.
2. You have the right to ask me to limit what I tell certain individuals involved in your care or the payment of your care, such as family members and friends. While I do not have to agree to your request, I will keep our agreement except if it is against the law, an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records, but I must charge you.
4. If you believe the information in your records is incorrect or incomplete, you can ask me to make changes (called amending) to your health information. You have to make this request in writing and deliver it to me. You must tell the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this NPP, I will post it in this office.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint does not change the health care I provide to you in any way.

If you have any questions regarding this notice or my health information privacy policies, please let me know.

The effective date of this notice is January 5, 2015.