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Gentry Therapy LLC**

**HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT (HIPAA)
NOTICE OF PRIVACY PRACTICES**

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.

It is your therapist's legal duty to safeguard your Protected Health Information (PHI). By law your therapist is required to ensure that your PHI is kept private. The PHI constitutes information created or noted by your therapist that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. Your therapist is required to provide you with this Notice about his privacy procedures. This Notice must explain when, why, and how your therapist would use and/or disclose your PHI. Use of PHI means when your therapist shares, applies, utilizes, examines, or analyzes information within the practice; PHI is disclosed when your therapist releases, transfers, gives, or otherwise reveals it to a third party outside the practice. With some exceptions, your therapist may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, your therapist is always legally required to follow Arizona law and the privacy practices described in this Notice.

Please note that your therapist reserves the right to change the terms of this Notice and the privacy policies at any time. Any changes will apply to PHI already on file with your therapist. Before your therapist makes any important changes to the policies, they will immediately change this Notice and post a new copy of it in the office. You may also request a copy of this Notice from your therapist, or you can view a copy of it in the office.

How Your Therapist Will Use And Disclose Your PHI

Your therapist will use and disclose your PHI for many different reasons. Most of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of your therapist's uses and disclosures, with some examples.

Uses and Disclosures Related to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent:

When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement. Your therapist may make a disclosure to the appropriate officials when the law requires them to report information to courts, government agencies, law enforcement personnel, and/or in an administrative proceeding. This includes search warrants and court orders for release of records. If you, or anyone else, places your mental condition in issue as part of any litigation (such as divorce, custody, or personal injury), your therapist may be compelled to release your PHI.

Disclosure is compelled or permitted when you are in such mental or emotional condition as to be dangerous to yourself and if your therapist determines that disclosure is necessary to prevent potential harm. For example, suicidal or serious self-destructive behavior.

Disclosure is mandated by the Arizona Child Abuse and Neglect Reporting Law. For example, if your therapist has a reasonable suspicion of child abuse or neglect.

Disclosure is mandated by the Arizona Elder/Dependent Adult Abuse Reporting Law. For example, if your therapist has a reasonable suspicion of elder abuse or dependent adult abuse.

Disclosure is mandated when you tell your therapist of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims. Also, confidentiality does not apply to disclosure of crimes planned for the future. This applies to interests of national security, such as protecting the President of the United States, or assisting with intelligence operations to prevent future terror activities.

When disclosure is required to obtain payment for treatment. Your therapist might send PHI to your insurance company, health plan, or other third party payer in order to receive payment for services your therapist provided to you. Your therapist may also provide your PHI to business associates, such as billing associates, billing companies or others that process health care claims for the office.

Appointment reminders and health-related benefits or services. Your therapist may use PHI to provide appointment reminders. Your therapist may use PHI to give you information about alternative treatment options, or other health care services or benefits your therapist offers.

7. When disclosure is otherwise specifically required by law.

Other Uses And Disclosures Require Your Prior Written Authorization. For situations not described above, your therapist will require written authorization before disclosing any of your PHI. This includes communication with family members or other health care providers. Even if you signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future disclosures.

What Rights You Have Regarding Your PHI:

The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in your therapist's possession, or to get copies of it; however, you must request it in writing. You will receive a response from your therapist within 5 days of receiving your written request. Under certain circumstances, your therapist may deny your request. If they do, your therapist will give you, in writing, the reasons for the denial. You have the right to have the denial reviewed. If you ask for copies of your PHI, you will not be charged more than \$.25 per page. Your therapist may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as the cost, in advance.

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that your therapist limit how your therapist uses and discloses your PHI. You do not have the right to limit the uses and disclosures that they are legally required to make.

The Right to Choose How Your PHI is Sent to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address), or by an alternate method (for example, via e-mail instead of by regular mail).

The Right to a List of the Disclosures Your Therapist Has Made. You are entitled to a list of disclosures of your PHI that your therapist has made after April 15, 2003. The list will not include uses or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that your therapist correct the existing information or add the missing information. Your request must be made in writing. Your therapist may deny your request, in writing, if your therapist finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of their records, or (d) written by someone other than your therapist. Your therapist's denial must be in writing and must state the reasons for the denial. You have the right to file a written statement objecting to the denial. You have the right to ask that your request and the denial be attached to any future disclosures of your PHI. When approved, your therapist will advise others who need to know about the change to your PHI.

The Right to Get a Copy of This Notice. You have the right to get this notice by e-mail or paper hard copy.

How To Complain About Your Therapist's Privacy Practices:

If, in your opinion, your therapist may have violated your privacy rights, or if you object to a decision your therapist made about access to your PHI, you are entitled to file a complaint with your therapist, or, if applicable, their clinical supervisor. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about privacy practices, your therapist will take no retaliatory action against you.

If you have any questions about this notice or my health information privacy policies please ask.

This Notice Is In Effect From April 14, 2003.

I acknowledge the terms of this notice and the privacy practices of this office.

Signature Name (print) Date Relationship to patient: _____

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