



## **HIPAA Notice of Privacy Practices**

This notice describes how health information about you, as my counseling client, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I am dedicated to maintaining the privacy of your health information. I am required by law to maintain the confidentiality of your health information. I want you to know about the policies and procedures I have in place to make sure your health information will not be shared with anyone who does not require it.

### **Use and disclosure of your health information in certain special circumstances:**

1. Public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court order.
3. As required to do so by a law enforcement official.
4. When necessary to reduce or prevent a real or potential life threatening emergency to your health and safety or the health and safety of another individual or the public. I will only make disclosures to a person or organization able to help prevent the threat.
5. To federal officials for intelligence and national security activities authorized by law.
6. For Workers Compensation and similar programs.
7. I may include your protected health information to collect payment for services you received in my office. I may do this with third party payor invoices, filed by mail or sent electronically. I may also use your protected health information in verifying and receiving third party payors' authorization and eligibility.
8. To support the business activities of this office. These activities include, but are not limited to, quality assessment activities, credentialing, and licensing.

### **Your rights regarding your health information:**

1. Communications. You can request that I communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. I will accommodate reasonable requests.
2. You can request a restriction on certain uses or disclosures of your protected health information for treatment, payment or health care operations.

3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you. You must submit your request in writing to Mary Sims Gerdes, 2415 East Camelback Road, Ste. 700, Phoenix, AZ 85016.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for my practice. To request an amendment, your request must be made in writing and submitted to Mary Sims Gerdes, 2415 East Camelback Road, Ste. 700, Phoenix, AZ 85016.
5. You have a right to a copy of this HIPAA Notice of Privacy Practices. You may ask for a copy of this notice at any time. To obtain a copy of this notice, just ask.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with me directly, or with Arizona Board of Behavioral Health Examiners at 1-800-225-6880, or write to them at 3443 North Central Avenue, Suite 1700, Phoenix, AZ 85012. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. You have the right to provide an authorization for other uses and disclosures. My practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
8. You have the right to request a list of the disclosures I have made of your protected health information. This request must be made in writing.

In the event my counseling practice closed for retirement, active clients (those receiving services within the last month) will be given referrals to local behavioral health professionals to facilitate the continuation of treatment. In such a situation, you have the right to continue treatment with this professional, discontinue treatment, or ask for a different referral. In the event of my death or incapacitation, Karen Morse, LPC (520-360-1514) will be my "records custodian." She will provide referrals to local behavioral health professionals to facilitate the continuation of treatment. In such a situation, you have the right to continue treatment with this professional, discontinue treatment, or ask for a different referral. As records custodian, Karen will be responsible for satisfying records requests, will facilitate referrals as needed, and will destroy records when the legal time frames for records retention are satisfied.

If you have any questions regarding this HIPAA Notice or my privacy policies, please contact me at 480-444-8723. I reserve the right to change the terms of this notice and will inform you of the revisions. This notice was published and becomes effective on/or before December 1, 2006.

I have read the HIPAA Notice of Privacy Practices, and have had my questions about privacy and confidentiality answered to my satisfaction.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Copy of form: \_\_\_\_\_Accepted \_\_\_\_\_Declined

Rev. 8/2015