

Marjorie Lamphear, PhD
14 Hayward Street
Cranston, RI 02910
401 837-3224

Notice Of Privacy Practices

THIS NOTICE DESCRIBES HOW I MAY USE AND DISCLOSE HEALTH-RELATED INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE CAREFULLY REVIEW THIS NOTICE.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires health care practitioners to protect the privacy of your health information. Each time you visit my office or any other healthcare providers, information is collected about you and your physical and/or mental health. It may be information about your past, present or future health or conditions, the treatment or tests you have received, or about your payments for healthcare. The information collected is called, in the law, Protected Health Information or PHI. This notice describes your rights as a client, and my obligation regarding the use and disclosure of your PHI.

I am required by law to:

- Maintain the privacy of your PHI
- Provide notice of my legal responsibilities and privacy practices with respect to your PHI
- Comply with the terms of this Notice of Privacy Practices

The PHI that I keep may include the following kinds of information:

- Your history. (Your history may include information about your childhood, work, relationships, and personal experiences.)
- Reasons you came for treatment. (Your problems, symptoms or needs.)

- Diagnoses. (Diagnoses are the medical terms for your problems and symptoms.)
- Treatment Plan. (A treatment plan is a list of the treatments and other services identified to best help you.)
- Progress Notes. (At each meeting, I write a note about how you are doing.)
- Records and reports I get from others who treated you or evaluated you (this may sometimes include school or employment records).
- Information about the medications you are taking or took in the past.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea of what your PHI contains. There may also be other kinds of information included in your healthcare record.

HOW I MAY USE AND DISCLOSE YOUR PHI

Treatment: I may disclose your PHI as deemed necessary to another health care provider in a medical or psychiatric emergency so that the treating provider will have the necessary information to diagnose and treat you.

Payment: I may use your PHI to bill you, your insurance carrier or others so I can be paid for the services provided. I may contact your insurance company to check on exactly what your insurance covers. Insurance providers generally require a diagnosis, and often want to know what treatments you have received and the changes I expect in your conditions. I will need to tell them when services are provided, your progress, etc. This disclosure does not include information contained in psychotherapy session notes. I will release your psychotherapy session notes to your insurance provider only with a specific signed authorization from you.

Health Care Administrative Operations: I may use your basic PHI in the administrative operations of my practice. For example, I may hire someone to do my billing. To protect your privacy, any such

business associate must agree (in a written contract) to safeguard all personal information they receive from me.

As Required by Law: I will disclose what is required of your PHI if: you are a danger to yourself or others; you inform me of a child, or a frail or disabled adult, who is being abused; your records are court ordered or subpoenaed (with a court order); or I am mandated to do so by any applicable state or federal law.

YOUR RIGHTS REGARDING YOUR PHI

You have the right to inspect and copy your PHI as long as it is in my possession. This does not apply to psychotherapy notes, however. The release of psychotherapy notes to you is at my sole discretion and denial of the release is not subject to review.

You have the right to request amendment to you PHI. I may deny your request if I believe your PHI is accurate and complete. If I deny your request for amendment, you have the right to file a statement of disagreement with me, which will be considered. I may prepare a rebuttal to your statement and provide you with a copy. Both your statement and my rebuttal will become part of your PHI.

You have the right to request restrictions on certain uses and disclosures of your PHI. You may ask me not to use or disclose portions of your PHI for treatment, payment, or health care administrative operations. Your request must state the specific restriction requested and to whom the restriction applies. I may not always be able to comply with your wishes, however I will make every effort to accommodate any reasonable requests.

You have the right to request and receive confidential communications from me by alternative means and at alternative locations. I will accommodate all reasonable requests and ask for no explanation from you. You may also instruct me as to how you would like me to identify myself when contacting you.

You have the right to receive an accounting of the disclosures I have made of your PHI. This right applies to disclosures for

treatment, payment, or health care administrative operations, and to any disclosures you have specifically authorized.

USE AND DISCLOSURE OF YOUR PHI BASED ON YOUR WRITTEN AUTHORIZATION

All use and disclosure of your PHI, not specifically addressed in this Notice, will be made only with your written permission. You may revoke an authorization at any time upon written request, except to the extent that I have already taken an action in reliance on the use or disclosure indicated in the authorization, or the disclosure is otherwise permitted or required by law.

IF YOU HAVE QUESTIONS OR PROBLEMS RELATED TO MY PRIVACY PRACTICES

If you need more information or have questions about the privacy practices described above, please speak to me about this.

If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, immediately contact me. You have a right to file a complaint with me and with the Secretary of the Federal Department Of Health and Human Services in Washington, DC. I promise you that I will not in any way limit your care or take any actions against you if you file a complaint.

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Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I received/reviewed a copy of the Notice of Privacy Practices of Marjorie Lamphear, PhD as indicated below.

Signature of Client or Authorized Representative

Printed Name of Client or Authorized Representative

Date Signed: _____