

**THE INSTITUTE FOR CHANGE
(973) 734-0780**

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Mailing Address: IFC, PO Box 289, Caldwell, NJ 07006

HIPAA NOTICE OF PRIVACY PRACTICES

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, the circumstances under which it may be used or disclosed and how you may gain access to this information. Please review it carefully.

For psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and IFC is required by law to maintain the privacy of that information. Our practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health and psychological information. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record [typically only your therapist], all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All business associates (e.g., a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes. The following should help clarify these terms: PHI refers to information in your health record that could identify you. For example, it may include your name, the fact you are receiving treatment here, and other basic information pertaining to your treatment.

Use applies only to activities *within* our office and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.

Disclosure applies to activities *outside* of our office or practice group, such as releasing, transferring, or providing access to information about you to other parties.

Authorization is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form. Treatment is when your therapist provides, coordinates, or manages your health care and other services related to your health care. For example, **with your written authorization** we may provide your information to your psychiatrist to ensure this physician has the necessary information to diagnose or treat you.

Payment: Your PHI may be used, as needed, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.

Written Authorizations to Release PHI

Any other uses and disclosures of your PHI beyond those listed above will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing.

Uses and Disclosures without Authorization

The ethics codes of the American Psychological Association, the National Association of Social Workers, the National Counseling Association, New Jersey State law, and the federal HIPAA regulations all protect the privacy of all communications between a client and a mental health professional. In most situations, we can only release information about your treatment to others if you sign a written authorization. This Authorization will remain in effect until you rescind it in writing. You may revoke the authorization at any time unless we have taken action in reliance on it.

There are, however, some disclosures that do not require your Authorization. We may use or disclose PHI without your consent in the following circumstances: Child Abuse – If we have reasonable cause to believe a child may be abused or neglected, we must report this belief to the appropriate authorities. Adult and Domestic Abuse – If we have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, we must report this to the appropriate authorities. Health Oversight Activities –we may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. If a client files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves. Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is *not to be released without a court order*. Information about all other psychological services (e.g., psychological evaluation) is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when

you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case. Serious Threat to Health or Safety – If you communicate to your therapist a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of injury or death to yourself, we may make disclosures we consider necessary to protect you from harm. Worker's Compensation – we may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Special Authorizations

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures. Psychotherapy Notes – except under court order we will not release your Psychotherapy Notes. "Psychotherapy Notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations of PHI, Psychotherapy Notes, at any time, provided each revocation is in writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage; law provides the insurer the right to contest the claim under the policy.

Patient's Rights and Psychotherapist's Duties

Patient's Rights

Right to Request Restrictions – You have the right to request restrictions on certain uses/disclosures of PHI. However, we are not required to agree to the request. Right to Receive Confidential Communications by Alternative Means – You have the right to request and receive confidential communications by alternative means and locations. (For example, you may not want a family member to know that you are receiving psychotherapy. On your request, we will send your bills to another address.) Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI in our records as these records are maintained. In such cases we will discuss with you the process involved. Except in unusual circumstances that involve danger to yourself or others when another individual is referenced and we believe disclosing that information puts the other person at risk of substantial harm, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in your therapist's presence or have them forwarded to another mental health professional so you can discuss the contents. In most situations, we are allowed to charge a copying fee of \$1 per page – plus other expenses such as mailing costs. Right to Amend – You have the right to request an amendment of PHI for as long as it is maintained in the record. We may deny your request. If so, we will discuss with you the details of the amendment process. Right to an Accounting – You generally have

the right to receive an accounting of all disclosures of PHI. we can discuss with you the details of the accounting process. Right to a Paper Copy – You have the right to obtain a paper copy of the Notice of Privacy Practices from us upon request.

Psychotherapist's Duties:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise these policies and procedures, we will notify you at your next session, or by mail at the address you provided.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

If you have any questions about this Notice or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Privacy Officer directly.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on July 31, 2014

The privacy officer for The Institute For Change is David Szmak, Psy.D. He can be reached at 973-734-0780, extension 1, or at d.szmak.ifc@gmail.com.

I _____, have received the NOTICE
Print Name

OF PRIVACY PRACTICES. Any questions have been answered to my satisfaction.

Signature

Date

IFC Therapist's Name _____