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## Notice of Privacy Practice

This Notice describes how medical information about you may be used and disclosed and how you may get access to this information.

Your health record contains personal information about you and your health. I am required by law to maintain the privacy of any individually identifiable information that I obtain from you or others that relates to your past, present, or future physical or mental health; the health care you have received, or payment for your health care (your “Protected Health Information” or “PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the NBCC Code of Ethics. It also describes your rights regarding how you may have access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practice with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of this notice at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy in the mail upon request or providing one to you at your next appointment.

### Uses and Disclosures

- **For Treatment** – Your PHI may be used and disclosed by those you are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members.
- **For payment** – I may disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your permission. Examples of payment disclosures are: Making a determination of eligibility of coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for the purposes of collection.

- ***For Health Care Operations*** – I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.
- ***Required by Law*** – Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of Department of Health and Human Services for the Purpose of investigation or determining our compliance with the requirements of the Privacy rule.
- ***Without Authorization*** – Applicable law and ethical standards permit me to disclose information about you without authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:
  - By law, such as the mandatory reporting of child/elder abuse or neglect or mandatory government agencies audits or investigations (such as the licensing board or the health department).
  - A court order
  - Necessary to prevent or lessen a serious and imminent threat to the health of safety of self/others or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lesson the treat, including the target of the threat.
- ***Verbal Permission*** – I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.
- ***With Authorization*** – other uses and disclosures of PHI not covered by my notice or the laws that apply to me will be made only with your permission in a written authorization.

### **Your Rights**

Among other things, you have the following rights regarding PHI.

- ***Right of Access to Inspect and Copy*** – you have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. In order to inspect and copy your PHI, you must submit your request in writing to Phoebe Jeffrey, LPC, LLC. Your right will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies as well as other costs associated with your request.

- ***Right to Amend*** – If you feel that the PHI I have about you is incorrect or incomplete, you may ask to amend the information, although I may deny your request for amendment to your PHI, especially if the PHI was not created by me, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment; is not part of your medical or billing records, or other records used to make decisions about you; is not available for inspection as set forth above; or is accurate and complete.
- ***Right to an Accounting Disclosure*** – You have the right to request an accounting of certain disclosures that I may make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- ***Right to Request Restrictions*** – you have the right to request a restriction or limitations on the disclosure of your PHI for treatment, payment, or health operations. I am not required to agree to your requests.
- ***Right to Request Confidential Communication*** - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- ***Right to a Copy of this Notice*** – You have the right to a copy of this notice.

*The effective date of this notice is October 2016*