

HIPPA NOTICE OF PRIVACY PRACTICES/CONFIDENTIALITY

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 MY LEGAL DUTY TO SAFEGAURD YOUR PROTECTED HEALTH INFORMATION (PHI).

Your Rights as a Patient:

You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment or health care operations. You have the right to receive confidential communications regarding your protected health information. You have the right to inspect and copy your protected health information. You have the right to amend your protected health information. You have the right to receive an account of disclosures of your protected health information. You have the right to a paper copy of this notice of privacy practices.

Your Right to Notice:

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), **Mark Goldstein, Ph.D.**, can use your protected health information for treatment, payment and health care operations. *a) Treatment:* We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. *b) Payment:* We may use and disclose your health information to obtain payment for services we provide you. *c) Health care operations:* We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization:

Most uses and disclosures that do not fall under treatment, payment, health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through this practice at any time.

Emergency Situations:

In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or another person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the person's involvement in your healthcare.

Required by Law:

We may also use or disclose your health information when we are required to do so by law.

Abuse or Neglect:

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health or safety.

Marketing:

We will not use your health information for marketing communications without your written authorization.

Legal Requirements:

Mark Goldstein, Ph.D. is required by law to maintain the privacy of your protected health information. Dr. Goldstein is required to abide by the terms of this notice as it is currently stated, and reserves the right to change this notice. The policies in any new notice will not be in effect until they are posted to this site, or are available within our office, as applicable. By signing this form, you acknowledge receipt of our *Notice of Privacy Practices*. Our *Notice of Privacy Practices* provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full *Notice of Privacy Practices*. If you have any questions about our *Notice of Privacy Practices*, please ask Dr. Goldstein.

Acknowledgement of Receipt:

I acknowledge receipt of the *Notice of Privacy Practices* as provided by **Mark Goldstein, Ph.D.**

Patient(Parent/Guardian) name *signature*

Witness

Patient (Parent/Guardian) *please print*

Date