

Notice of Privacy Practices

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

My commitment to your privacy: My practice is dedicated to maintaining the privacy of your health information. I am required by law to maintain the confidentiality of your health information. I realize that these laws are complicated, but I must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances: The following circumstances may require me to disclose your health information:

- For Worker's Compensation and similar programs.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. I will only disclose to a person or organization able to prevent the threat.
- When you use insurance to pay for my services.
- Help with public health and health oversight agencies that are authorized by law to collect information.
- If required to do so by a law enforcement official, to correctional institutions if you are an inmate or under the custody of a law enforcement official.
- To federal officials for intelligence and national security activities authorized by law.
- If you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
- Respond to lawsuits and legal actions in response to a court order or administrative order.

Your Rights regarding your health information: You have the right to:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you believe that your privacy rights have been violated, you can file a complaint with me or the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.
- I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

I hereby acknowledge that I have been presented with a copy of Sheila Murray's Notice of Privacy Practices:

Signature of client or responsible party: _____

Printed name of Client: _____ Date: ____/____/____