

HIPAA (Health Insurance Portability and Accountability Act) Notice of Privacy Practices

Effective 1/1/2010

**This notice describes how medical information about you
may be used and shared and how you can get access to your information.
Please read it carefully.**

Lisa Lavelle, LCSW provides mental health services.

To provide this service I collect protected health information about you. By law, I must keep your protected health information private, give you our **Notice of Privacy Practices**, and follow its terms.

This notice tells you how I may use and share your protected health information, although not all situations will be described. This notice also tells you about your rights and how to use them.

I have the right to change this notice and apply the changes to health information I already have or may receive about you. I will notify you in writing if I change this notice. A copy of the current notice will be posted in my office.

How I use or share your health information

The following are ways I may use or share your protected health information:

- **For Treatment.** I may use or share health information with others for your medical care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** I may use or share health information to get paid or to pay for the services I gave you.
For example, I may share information when I bill your health plan.
- **For Health Care Operations.** I may use or share health information to manage my programs. For example, I may use information to check on the quality of services you get.
- **Appointments and Other Health Information.** I may send you reminders for health care appointments or information about health services.
- **For Public Health Activities.** I may report health information to public health agencies if I believe there is a serious health or safety threat to others.
- **For Health Oversight Activities.** I may use or share health information when my health care programs are being evaluated to make sure we are following program standards and laws.
- **As Required By Law.** A court or an administrative agency may, by law, order me to release your health information.
- **For Law Enforcement for Abuse Reports and to Avoid Harm.** By law, I must report child abuse and elder abuse. I may also share health information with law enforcement to avoid a clear and immediate danger to the health and safety of a person or the public.
- **For Government Programs.** I may use and share health information with other government programs that provide public benefits to see if you are eligible for public benefits and to coordinate services.
- **For Research.** I may use health care information for studies and to develop reports. These reports do not identify specific people.
- **For Coroners and Medical Examiners.** I may share health information to identify you if you have died, or to determine your cause of death.

- **For Worker's Compensation Laws.** I may share health information about you for worker's compensation or other programs that provide benefits to you for work-related injuries or illness.
- **If I use or share your health information for any reason other than the above, I will first get your written permission.** You may cancel your permission at any time, however, I cannot take back information I have already shared with your permission.

Your Rights About Your Protected Health Information

You have certain rights about your protected health information. These include:

- **You have the right to see and get copies** of your health information records that I keep. To use this right you must ask me in writing and send your request to my office named at the end of this notice. I will respond to your request for treatment records no later than five (5) days after I receive your request. For all other records I will try to answer your request within 30 days of receiving it. I may charge you a fee for the cost of copying and mailing the records to you. If you cannot afford the fee, you still have a right to see and copy your records. I may not allow you to see or copy records in some situations. If I make that decision, I will tell you why in writing and explain your right to have my decision reviewed.
- **You have the right to ask me to amend** or change protected health information about you in my records. To use this right you must ask me in writing and tell me why you want to change your information. Send your request to my office named at the end of this notice. I will respond to you in writing within 60 days of receiving your request. If I agree to your request, I will change your information and I will tell you that in writing. If I do not agree to change your information I will tell you why in writing and explain how you can tell me in writing that you disagree with my decision.
- **You have the right to receive an accounting** or a record of whom I have shared your protected health information with. Send your request to my office named at the end of this notice. I will try to answer you within 60 days of receiving your request. My record may not include times when I shared information with you or others for treatment, payment, and most health care operations, or information given with your permission. The first record you ask for within a 12-month period will be free; however, if you ask for another record within 12 months of receiving your free one, I may charge you a fee. I will tell you before I charge you a fee and you can cancel or change your request. If you cannot afford the fee you still have a right to this record.
- **You have the right to ask me to restrict** or limit how I use or share your health information for treatment, payment, or health care operations. For example, sometimes a person involved in your care will be present when we discuss your private health information with you. If you do not want me to discuss your information while that person is in the room, you can tell me that. You may use this right by either telling me or writing to me with your request. Send your written request to my office named at the end of this notice. You can cancel your request at any time by either telling me or writing to me. *I do not have to agree to the limits that you request.* If I do agree, I can still use or share your health information when you need emergency treatment. If I do not agree I can tell you that I cancel our agreement at any time.

- **You have the right to tell me how I may contact** you when I send you information. For example, you may ask me to send information to your work address instead of your home address, or to your email address instead of by mail. To use this right you must ask me in writing. Send your request to my office named at the end of this notice. I will honor reasonable requests.
- **You have the right to file a complaint** with **Lisa Lavelle, LCSW** if you do not agree with how I have used or shared your protected health information. To file a complaint with me, send your complaint in writing to my office and I will review it with you to resolve your issue. *I will not take any action against you for filing a complaint.*
- **You have the right to get a paper copy of this notice, at any time, by asking for one.**

How to Contact the Community Health Privacy Manger

If you want to:

- Get more information about this notice
- File a complaint
- See or copy your records
- Change information in your records
- Get a record of when I shared information about you
- Ask me to limit how I use or share information about you
- Tell me you cancel your permission to share information with others
- Tell me how to contact you.

Send your request in writing to:

Lisa Lavelle, LCSW
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New York, NY 10016