Michele Saffier, LMFT, CSAT-S
Clinical Director & Co-Founder
Director & Co-Founder

CENTER FOR HEALING
-Self and Relationships-

Arlene Rosen, LMFT, CSAT
Clinical

Notice of Privacy Practices - HIPPA form

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information "PROTECTED HEALTH INFORMATION" used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. The federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your healthcare records for the purposes of treatment, payment and healthcare operations.

Treatment means providing, coordinating, or managing healthcare related services by one or more healthcare providers. Examples of treatment would include psychotherapy, medication management, etc. Payment means such activities as obtaining reimbursement for services, confirming coverage, or utilizing collection companies such as billing your insurance company or third party person responsible for our services.

Health Care Operations include the business aspect of running a practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you that you have an appointment (by phone or mail) or provide you with information about treatment options or other health related services. We will use and disclose your PROTECTED HEALTH INFORMATION when we are required to do so by federal, state or local law. We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that we are authorized by law to collect information; to help the oversight agency for activities authorized by law included but not limited to: if you are involved in a lawsuit or similar proceeding; response to discovery requests, subpoena, or other lawful process by another party involved in the dispute, but only if we had made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release your PROTECTED HEALTH INFORMATION to a medical examiner or coroner to identify a disease or to identify the place of death. We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent serious threat to your health in safety or the health and safety of another individual or to the public. Under the circumstances, we will only make this disclosure to a person or organization able to help prevent the threat. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request.

You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request at the practice address below.

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The Center for Healing Self and Relationships
1717 Swede Rd, Suite 104, Blue Bell, PA 19422
610-994-0610

- The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations. The writing requests an amendment to your PROTECTED HEALTH INFORMATION.
- The right to receive an accounting of disclosures of PROTECTED HEALTH INFORMATION outside of treatment, payment and healthcare operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision affected for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:
The Center for Healing Self & Relationships
1717 Swede Road, Suite 104, Blue Bell, PA 19422, T: 610-994-0610

For more information about HIPAA to file a complaint:
The US Department of Health and Human Services, Office of Civil Rights
200 Independence Ave., SW, Washington, DC 20201, T: 877–696–6775

Acknowledgement of Receipt of Group Practice for The Center for Healing Self and Relationships

Name of Client: _____ Date: _____

Address of Client: _____

Signature of Client or Parent/Guardian of Minor Client _____