

# **Andrea Cohen, Psy. D.**

(646) 894-4682

[andrea@reclaimedselselftherapy.com](mailto:andrea@reclaimedselselftherapy.com)

## **HIPPA Form**

### **Notice of Privacy Practices**

This notice describes how your protected health information (PHI) is treated under the guidelines of the Health Insurance Portability and Accountability Act (HIPPA). PHI refers to information in your mental health record that could identify you, ranging from your name or social security number to material contained in past or present treatment records that you may share with me.

I am required by federal law to provide you with this Notice about your rights and my legal duties, as well as, privacy practices with respect to your PHI. In the course of treatment, I may with your written authorization, disclose some or all of your personal and mental health related information in the following ways:

- Your PHI may be disclosed to another health care provider or hospital, if it is necessary to refer you for further diagnosis, assessment, and/or treatment.
- Your PHI records and billing records may be disclosed to your insurance carrier, HMO, PPO, or employer if they are responsible for payment of services.
- Your name, address, phone number, and health care records may be used to contact you for the purposes of billing or other related reasons.

Note: You have the right to request restriction of my use of your PHI for treatment, payment, and operations purposes. You may request restriction in writing at any time. Please note the following exceptions to your restrictions.

**I am required under the law to disclose any or all of your PHI under the following circumstances:**

- 1. If I Have to provide services for you in a situation you or I deem an emergency.**
- 2. If there is reason to suspect abuse, neglect, and/or domestic violence.**
- 3. If I am ordered by any court of law to provide information.**
- 4. If I am required by law to provide services and I am unable to obtain your consent.**
- 5. If there is a serious threat to your health or safety, or the health or safety of another person or the general public.**

Note: You have the right to receive an accounting of any such disclosures made by my office.

Any use of disclosure of your PHI, other than what has been outlined above, will be made only upon your written authorization. You have the right to revoke such authorization at a later date, except to the extent that I have already taken action. Your right to revoke must be in writing.

- Information that is used or disclosed based on this privacy notice may be subject to disclosure by the person to whom I provide the information and may no longer be protected by the federal privacy rules, such as court documents.
- I normally provide information about your health during sessions. I may also e-mail information regarding your health care or the status of your account. If you would like to receive this information in another form, please advise me of your preferences.
- You have the right to inspect and/or copy your PHI as long as information remains in my files. In addition, you have the right to request an amendment to your PHI. Requests to inspect, copy and/or amend your PHI should be provided to me in writing. This information is limited to intake, billing, claims payment, and summaries of diagnosis, symptoms, prognosis, treatment plan, level of functioning, and progress to date. I may deny you access to your PHI under certain circumstances, but in some cases, you may

have this decision reviewed. At your request, I will discuss with you the details of the request and denial process.

- I am required by the State of New York and United States Federal law to maintain the privacy of your patient file and PHI therein. I am also required to provide you with this notice of my privacy practices with respect to your health information. I am further required by law to abide by the terms of this notice while it is in effect.
- I reserve the right to alter or amend the terms of this privacy notice. If changes are made to this notice, I will notify you in writing as soon as possible. Any changes in my privacy notice will apply to all of your health information in my files.
- If you would like additional information about my privacy practices, or if you have a complaint regarding any aspect of my privacy activities, you should direct your complaint to me in writing. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services in Washington, D.C. If you choose to lodge a complaint with this office or with the Secretary, your care will continue and you will not be disadvantaged by me in any manner.

You may contact me and the phone number or email address found at the top of this notice.