

Marisa Campanella-Harris, LPC LLC
NJ License: 37PC00620300

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This Notice of Privacy Practices describes how I may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I am required to abide by the terms of this Notice of Privacy Practices and will notify you of any changes to the terms and provide copy of the revised Notice of Privacy Practices.

1. Uses and Disclosures of PHI

With your consent, I may disclose and use your PHI for treatment, payment, and health care operations.

Following are examples of the types of uses and disclosures of your PHI that I may make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

Treatment: I will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, I would disclose your PHI, as necessary, to other professional providers, including other psychologists, specialists, and physicians, who may be treating you.

Payment: Your PHI will be used and disclosed, as needed, to obtain payment for your health care services provided. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for continuing

care may require that your relevant PHI be disclosed to the health plan to obtain approval for future visits.

Health Care Operations: I may use or disclose, as needed, your PHI in order to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, improvement activities as well as business-related matters such as audits, administrative services, case management and care coordination.

Should there be any additional staff employed for business activities such as transcription or billing services, you will be informed and I will have a written contract that contains terms that will protect the privacy of your PHI. Please note that at this time I am not employing any additional staff for these activities.

2. Uses and Disclosures for Requiring Authorizations

I may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and healthcare operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes which are notes I have made about our conversations during a private, group, joint, or family counseling session which I have kept separate from the rest of your medical records. These notes are given a greater degree of protection from PHI.

You may revoke all such authorizations of PHI or psychotherapy notes at any time, provide each revocation is in writing. You may not revoke an authorization to the extent that a) I have relied on that authorization or b) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

3. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

I may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Health Oversight: If the New Jersey State Board of Psychological Examiners and/or the New Jersey State Board of Marriage and Family Therapy Examiners issue a subpoena, I may be compelled to testify before the Board and produce your relevant records and papers.

Abuse or Neglect: If I have reasonable cause to believe that a child has been subject to abuse, I must report this immediately to the New Jersey Division of Youth and Family Services. If I have reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, I may report the information to the county adult protective services provider.

Legal Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records therefore, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative or court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.

Serious Threat to Health or Safety: If you communicate to me at threat of imminent serious physical violence against a readily identifiable victim or yourself and I believe you intend to carry out that threat, I must take steps to warn and protect. I also must take such steps if I believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps I take to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other healthcare facility, advising the police of your threat and the identify of the intended victim, warning the intended victim or his/her parents if the intended victim is under 18 and warning your parents if you are under 18.

Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

4. Patient Rights & Provider Duties

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you for so long as I maintain the PHI. You may obtain your mental health record and billing records. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. I may deny your access to the PHI under certain circumstances however you may have a right to

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

You have the right to request a restriction of your PHI. This means you may ask me not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. I am not required to agree to a restriction that you may request.

Right to receive confidential communications by alternative means and at alternative locations. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are working with me. Upon your request, I will send your bills to an alternative address you provide.

You may have the right to have your physician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for so long as I maintain this information. In certain cases, I may deny your request for an amendment and, on your request, will discuss with you the details of the amendment process.

You have the right to receive an accounting of certain disclosures I have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from me, upon request, even if you have agreed to accept this notice electronically.

Provider Duties:

- I am required by law to maintain the privacy of PHI and will provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

•If I revise my policies and procedures, I will inform you of the changes and provide you with the updated information in person or by mail.

5. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I have made about access to your records, you may send a written complaint to the Secretary of the US Department of Health and Human Services. An address will be provided on request.

6. uses effective date, restrictions and changes to privacy policy

The Privacy Rule was put into effect on April 14, 2003.

Marisa Campanella-Harris, LPC LLC
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Acknowledgement of Receipt of HIPAA Information

I, _____ (patient name) have reviewed the “HIPAA – Health Insurance Portability and Accountability” form provided by Marisa Campanella-Harris, LPC on _____ (date).

I have read and understood the notice and have discussed any questions I have with Marisa Campanella-Harris, LPC.

Signature of patient/parent or guardian

Date of Signature