

## NOTICE OF PRIVACY PRACTICES

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**This notice describes how psychological information about you may be used and disclosed and how you can get access to this information. Please read this carefully.**

### 1. My pledge regarding psychological information

The privacy of your psychological information is important to my practice and I am committed to protecting it. I maintain a record of care and services that I have provided in order to give you a quality of care and comply with certain legal and ethical requirements. This notice will tell you about the ways I may use and share your psychological information. This notice also describes your rights concerning this information

### 2. My legal duty

- Laws require me to keep your psychological information private.
- Give you notice describing my legal duties, privacy practices and your rights regarding your psychological information.
- Follow the terms of this notice that is now in effect.
- I have the right to change my privacy practices and the terms of this notice at any time as permitted by law.
- Make changes in my privacy practices and the new terms of my notice effective for all psychological information that I keep including information previously created.
- Before I make an important change in my privacy practices, I will change this notice, make new notices available, and inform you of this change.

### 3. Use and disclosure of your psychological information

The following describes how I use and disclose your psychological information. Your specific written authorization is required for such disclosure. Any specific written authorization you provide may be revoked at any time by writing to me. I will share information about your location, condition or death.

- To provide you treatment.
- To doctors, nurses, technicians, and other people who are taking care of you including other health care providers.
- For payment of services rendered.
- For accreditation, certification, licenses, and credentials I need in order to serve you.
- To notify a family member, your personal representative, or any party responsible for your care.
- In case of emergency, I will share information I feel is necessary for your health care.
- To assist in disaster relief, for military personnel and veterans for national security.
- In response to a court order.
- For public health.
- To comply with Workman's Comp.
- To law enforcement for the prevention of a crime.

### 4. Your individual rights

You have the right to:

- Look at or get copies of your psychological information.
- Receive a list of all times I shared your psychological information.
- Request I place additional restrictions on my use or disclosure of your information or change your information for which I am not required to comply.