

ANNE DUTTON, LCSW
389 Whitney Avenue
New Haven, CT 06511
(203) 308-0002

NOTICE OF PRIVACY PRACTICES

I will treat your privacy with great care. My professional ethics and the laws of this State prevent me from telling anyone that you are my client or what you have said to me, unless you give me written permission. However, I cannot make an absolute promise that everything you tell me will never be revealed to someone else. There are times when the law requires me to tell things to others. There are also other limits on our confidentiality. I have created this document because I want you to understand clearly what I can and cannot keep confidential. It describes how individually identifiable health information (IHII) about you, as a patient of this Practice, may be used and disclosed, how you can get access to your information, and how you can file a complaint about the use of your information. Please read it carefully and sign it. I am happy to discuss any questions you have at our next meeting.

A. MY COMMITMENT TO YOUR PRIVACY

As you are may be aware, the 1996 passage of the Health Insurance Portability and Accountability Act, (HIPAA) dismantled many of the patient-privacy protections that had been an integral part of health care during the modern era. It established a wide-ranging set of circumstances whereby healthcare providers may release a patient's individually identifiable health information (IIHI) to others without the patient's permission.

While the law may authorize me to release information regarding you without your permission, as a point of professional practice, I almost never do it. Except in the rarest circumstances, I will notify you in advance of any request for your IHII and discuss with you in the rationale for providing information to a third party. I will be bound by your wishes except when required by law to divulge information.

B. MY RECORDS

In conducting your therapy, I create records about you and your treatment and the services I provide to you. I am required by law to maintain the confidentiality of any and all health information that identifies you. In family or couple's treatment, your communications are similarly protected, but note that privacy protections cover individuals only. Your privilege only extends to what you say, not to what your family or group member says.

C. USES AND DISCLOSURES OF YOUR INFORMATION

I must obtain your written consent before I can disclose information about you for payment purposes. Generally, you must also sign a written authorization before I can share information with others for treatment purposes or healthcare operations. You may revoke any such written authorization in writing, except to the extent that I have already acted on it.

However, federal law permits me to disclose your IHI without your written permission in the following special circumstances:

Public Health Risks - I may disclose your IHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths.
- Reporting child abuse or neglect, elder abuse or neglect or abuse or neglect of a disabled person.
- Reducing or preventing a serious threat to your health and safety.
- Reducing or preventing a serious threat to the health and safety of another person.
- Reducing or preventing a serious threat to the public.
- Preventing or controlling disease, injury or disability.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with products or devices.
- Notifying individuals if a product or device they may be using has been recalled.
- Notifying your employer under limited circumstances related primarily to workplace injury.

Health Oversight Activities - I may disclose your IHI to a health-oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings - I may use and disclose your IHI in response to a court order or as required by federal, state or local law.

Inmates - I may disclose your IHI to correctional institutions or law enforcement officials if you are an inmate or under the custody or supervision of a law enforcement official. Disclosure for these purposes would be necessary:

- for the institution to provide health care services to you.
- for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals.

D. I MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) ONLY WITH YOUR EXPLICIT PERMISSION IN THE FOLLOWING WAYS:

I never have engaged, nor will I ever engage in the following activities. However, I am obligated to specify that, without your explicit permission, I may not and will not disclose notes I have made concerning your psychotherapy for the following reasons:

- For reasons other than providing treatment, collecting payment, or for managing my business.
- For marketing my business.
- As part of a sale of your IIHI.

E. YOU HAVE THE RIGHT TO:

- Request restrictions on certain uses and disclosures of your Protected Health Information (PHI).
- Receive reasonable confidential communication of PHI, e.g., contact you at a place of your choosing.
- Inspect and copy your medical record by written request, with some exceptions. I reserve the right to deny the request and explain the reason, to which you may make a further appeal.
- Receive an accounting of disclosures of your PHI during the six years prior to your request.
- Accountings of disclosures start as of May 1, 2018 and are unavailable prior to that time.
- Receive a paper copy of this notice.

F. HOW CAN YOU REPORT A PROBLEM?

If you feel your privacy rights have been violated, you may file a complaint with the Secretary of the United States Department of Health and Human Services (DHHS), Office for Civil Rights (OCR) at: U.S. DHHS, OCR, J.F. Kennedy Federal Building-Room 1875, Boston, Massachusetts 02203. Voice phone: (617) 565-1340. TDD: (617) 565-1343. FAX: (617) 565-3809. There will be no retaliations for filing a complaint.

This notice is effective as of May 1, 2018. I reserve the right to revise or amend this Notice of Privacy Practices.

“My signature shows that I have read and understood this notice.”

Signature

Date

Printed Name