

**Ruth Landstrom, Ph.D.**  
28 Railroad Avenue, 4C3                      39 Fifth Avenue, 1A  
Warwick, New York 10990                      New York, New York 10003  
845-986-7686

## HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information about you may be used and disclosed, and how you can get access to that information. Please review it carefully. HIPAA is a federal law that requires me to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy policies with respect to your protected health information. I am required by law to abide by the terms of this Notice of Privacy Practices.

### **Your Protected Health Information (“PHI”)**

Your “protected health information” (PHI) broadly includes any individual, identifiable health information received or created by me.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

Generally, I may not “use” or “disclose” your PHI without your permission, and must use or disclose your PHI in accordance with the terms of your permission. “Use” refers to activities within my office. “Disclosure” refers to activities involving parties outside of my office. The following are the circumstances under which I am permitted or required to use or disclose your PHI. In all cases, I am required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required.

### **DISCLOSURES WITHOUT WRITTEN AUTHORIZATION**

Without your written authorization, I may use within the office, or disclose to those outside my office, your PHI in order to provide you with the treatment you require or request, to collect payment for my services, and to conduct other related healthcare operations, as follows:

- **Treatment activities** include the provision, coordination and management of your healthcare. In addition to our sessions, examples of treatment activities would be when I consult with another healthcare provider, such as your family physician or another psychologist.
- **Payment activities** are actions I take to obtain reimbursement for your healthcare. The major payment activity I might engage in is to contact your health insurance company to obtain reimbursement. Other examples would be disclosure to attorney, courts, or collection agencies, as necessary for the collection of unpaid fees, provided that I notify you in writing prior to making collection efforts that require disclosure of your PHI.
- **Health care operations** include activities associated with the business of my practice, such as disclosure to my attorney, accountant, bookkeeper and similar consultants, provided that I have entered into Business Associate Agreements with such consultants for the protection of your PHI.
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**PLEASE NOTE THAT UNLESS YOU REQUEST OTHERWISE, AND I AGREE TO YOUR REQUEST, I WILL USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT ACTIVITIES, PAYMENT ACTIVITIES, AND HEALTHCARE OPERATIONS AS SPECIFIED ABOVE, WITHOUT WRITTEN AUTHORIZATION FROM YOU.**

### **DISCLOSURES AS REQUIRED BY LAW**

I may use or disclose your PHI to the extent that such use or disclosure is required by law. *Examples of instances in which I am required to disclose your PHI include:* (a) disclosures regarding reports of child abuse or neglect, including reporting to social service or child protective services agencies; (b) health oversight activities including audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight of government benefit programs; (c) judicial and administrative proceedings in response to an order of a court or administrative tribunal, or other lawful process; (d) to the extent necessary to protect you or others from a serious imminent risk of danger presented by you; (e) for worker’s compensation claims; and (f) as required by the Secretary of Health and Human Services to investigate or determine my compliance with federal regulations, including those regarding government programs providing public benefits.

## **ALL OTHER SITUATIONS – WITH YOUR SPECIFIC, WRITTEN AUTHORIZATION**

Except as otherwise described above, I may not use or disclose your PHI without your written authorization. Further, I am required to use or disclose your PHI consistent with the terms of your authorization. You may revoke your authorization to use or disclose PHI at any time, except to the extent that I have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy. Most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require your written authorization.

## **SPECIAL HANDLING OF PSYCHOTHERAPY NOTES**

“Psychotherapy Notes” are defined as records of communications during individual or family counseling which may be maintained in addition to and separate from medical or healthcare records. Psychotherapy Notes are only released with your specific written authorization except in limited instances, including (1) if you sue me or place a complaint, I may use Psychotherapy Notes in my defense; (b) to the United States Department of Health and Human Services in an investigation of my compliance with HIPAA; (c) to health oversight agencies for a lawful purpose related to oversight of my practice; and (d) to the extent necessary to protect you or others from a serious imminent risk of danger presented by you. Health insurers may not condition treatment, payment, enrollment, or eligibility for benefits on obtaining authorization to review, or on reviewing, Psychotherapy Notes.

## **YOUR RIGHTS WITH RESPECT TO YOUR PHI**

Under HIPAA, you have certain rights with respect to your PHI. The following is an overview of your rights and my duties with respect to enforcing those rights.

### **RIGHT TO REQUEST RESTRICTIONS ON USE OR DISCLOSURE**

You have the right to request restrictions on certain uses and disclosures of your PHI. While I am not required to agree to any requested restriction, if I agree to a restriction, I am bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. I will not accept a request to restrict uses or disclosures that are otherwise required by law. I require that all requests for restrictions be in writing and that you state a reason for each request.

You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for my services.

### **RIGHT TO RECEIVE CONFIDENTIAL INFORMATION 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 seeing me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

### **RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION**

You have the right to access in order to inspect and to obtain a copy of your PHI, except for (a) my personal notes and observations, (b) information compiled in reasonable anticipation of, or for use in, a civil criminal, or administrative action or proceeding, (c) health information maintained by me to the extent to which the provision of access to you is at my discretion, and I exercise my professional judgment to deny you access, and (d) health information maintained by me to the extent to which the provision of access to you would be prohibited by law. I require written requests for copies of your PHI. If you request a copy of your PHI, I will charge a fee for copying. I reserve the right to deny you access to and copies of all or certain PHI as permitted or required by law. Upon denial of a request for access or request for information, I will provide you with a written denial specifying the basis for denial, a statement of your rights, and a description of how you may file an appeal or complaint.

### **RIGHT TO AMEND YOUR PROTECTED HEALTH INFORMATION**

You have the right to request that we amend your PHI, for as long as your medical record is maintained by me. I have the right to deny your request for amendment. I require that you submit a written request and provide a reason to support the requested amendment. If I deny your request, I will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS). If I accept your request for amendment, I will make reasonable efforts to provide the amendment within a reasonable time to persons identified by you as having received PHI of yours prior to amendment and persons that I know have the PHI that is the subject of the amendment and that may have relief, or could foreseeably rely, on such information to your detriment.

## **RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

You have the right to receive a written accounting of all disclosures of your PHI for which you have not provided authorization, that I have made within the six-year period immediately preceding the date on which the accounting is requested. You may request an accounting of such disclosures for a period of time less than six years from the date of the request. I request that you request an accounting in writing.

The accounting of disclosures will include the date of each disclosure, the name, and, if known the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure or, instead of such statement, a copy of your written authorization or written request for disclosure pertaining to such information. I am not required to provide accountings of disclosures for the following purposes: (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) to other healthcare providers involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to 4/14/03. I reserve the right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. I will provide the first accounting to you in any twelve-month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve-month period.

You also have the right to be notified following a breach of unsecured PHI.

## **COMPLAINTS**

You may file a complaint with me and with the Secretary of HHS if you believe that your privacy rights have been violated. Please submit any complaint to me in writing by mail at the mailing address above. A complaint must name the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Notice of Privacy Practices. A complaint must be received by me or filed with the Secretary of HHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

## **AMENDMENTS TO THIS NOTICE OF PRIVACY PRACTICES**

You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. I reserve the right to revise or amend this notice and/or my privacy practices at any time. These revisions or amendments may be made effective for all PHI I maintain even if created or received prior to the effective date of the revision or amendment. The notice will contain the effective date. I will give you the most recent version of the notice upon request.

*Effective date: May 1, 2013*