

STARFISH EXPERIENCE INCORPORATED

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NOTICE OF PRIVACY POLICY

The purpose of this notice is to describe how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice takes effect on April 14, 2003.

The privacy of your Protected Health information (or PHI) is very important and our staff is committed to protecting it. In the normal course of your treatment in this office, a record of your care is generated in order to provide you with the highest quality of care while protecting the confidentiality of the PHI of our patients. Patients should not be afraid to provide information to this practice for the purpose of treatment, payment and healthcare operations. This practice and staff will:

Adhere to the standards set forth by the Notice of Privacy Practices.

Collect, use, and disclose your PHI in accordance with the state and federal laws utilizing authorizations as appropriate. This practice and its staff will not use or disclose your PHI for outside uses such as marketing, employment, life insurance applications, etc., without an authorization from the patient.

Act as responsible stewards, and treat all of PHI as sensitive and confidential in accordance with professional ethics, accreditation standards, and legal requirements. We will not disclose your PHI unless you or your authorized representative has properly authorized the release or the release is otherwise authorized by law.

We may disclose your PHI in the course of any judicial or administrative proceeding; in response to the order of a court or administrative tribunal (to the extent such disclosures is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

This practice will respect the patient's individual dignity at all times and privacy to the extent consistent with providing the highest quality treatment and care as possible.

Although this practice "owns" the treatment record, the patient has a right to inspect and obtain a copy of his/her PHI. In addition, patients have the right to request an amendment to his/her treatment record if he/she believes his/her information is inaccurate or incomplete. This practice will permit patient's access to their treatment records when they written request is approved.

This practice will provide an opportunity to request the correction of inaccurate or incomplete PHI in their treatment records in accordance with the law and professional standards.

This practice will adhere to any restrictions concerning the use or disclosure of PHI that patients have requested and have been approved by this practice.

Your PHI will be used, as needed to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves, or pays, for the healthcare 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.

You may complain to us or the Secretary of Health and Human Services: if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

All therapists and staff in this practice must adhere to this policy. This practice will not tolerate any violations of this policy. Violation of this policy is grounds for disciplinary actions, up to and including, termination of employment and criminal and/or professional sanctions in accordance with the rules and regulations of standards of practice.

If changes in our privacy policy are made, a revised policy will be made available to all patients upon request.

NAME (Please Print): _____

SIGNATURE: _____

DATE: _____