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Notice of Privacy Practices (HIPAA)

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Protecting patient privacy is an important element of the trust between me and my clients, and an important legal and ethical obligation. I will make every reasonable effort to use, disclose, and request only the minimum amount of your Protected Health Information (PHI) needed to accomplish the intended purpose.

My Responsibilities:

I am required to maintain the privacy of your Protected Health Information (PHI) and to provide you with a notice of my legal duties and privacy practices. PHI includes medical information about you that is collected during the course of your treatment, such as your symptoms, diagnoses, treatment, test results, and a plan for future care. Information about care that you have received from other providers may also be included in your medical record at my office. PHI also includes demographic information and payment information.

I must abide by the terms of this Notice currently in effect. I reserve the right to change the terms of my Notice and to make the new Notice provisions effective for all PHI that it maintains. If I revise this Notice I will provide you with a copy.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations: Your PHI may be used and disclosed as necessary for me to obtain reimbursement for care provided to you and to support the operation of my practice with your consent.

1. Treatment:

I may use your PHI to provide and manage your health care. If I refer you for other treatment -for example to another clinician or hospital -I will provide that health care provider with the necessary information to treat you. In addition, I may share your PHI with other health care providers who may consult with me about your care. MA and CT law requires that I obtain your specific written authorization for the use or disclosure of the above information.

2. Payment:

I may use and disclose your PHI, as needed, to obtain payment for health care services. I may disclose information to your insurance company or third party payer in order to make sure your treatment is approved, to verify eligibility or coverage for insurance benefits, and to permit the payer to review services provided to you for medical necessity.

For example, I may need to share relevant PHI to your health plan to obtain approval for continuing authorizations.

3. Health Care Operations:

I may use or disclose your PHI in order to conduct my business of providing health care. These health care operations may include quality assessment, credentialing and various other activities that are necessary to run my practice and to improve the quality and cost effectiveness of the care that I deliver to you.

II. Other Permitted and Required Uses and Disclosures with Neither Consent nor Authorization: There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed below are the most common.

1. Involvement of Others in Your Health Care:

I will make an effort to ask you if I may share relevant PHI about you with family members or any other person you identify. If you are not present or unable to communicate, or in an emergency situation, I may exercise my professional judgment to determine whether to share this information. In addition, I may need to disclose PHI to notify a family member or any other person responsible for your care of your location, general condition or death. Finally, I may disclose your PHI to an authorized public or private entity to assist in disaster relief efforts, and to coordinate efforts to notify someone on your behalf. Please be assured I will only do so if absolutely necessary and in the event of an emergency or disaster.

2. Victims of Abuse, Neglect or Domestic Violence:

If I have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him/her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the Department of Social Services. If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately make a report to the Department of Elder Affairs. I must make a report to the Disabled Persons Protection Commission and/or other appropriate agencies, if I have reasonable cause to believe that a mentally or physically disabled person is suffering from or has died as a result of a reportable condition, which includes non-consensual sexual activity.

3. Health Oversight:

I may be required to disclose PHI to a health oversight agency for audits, investigations, inspections, and other health oversight activities. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

4. Legal Proceedings:

I may be required to disclose PHI in the course of any judicial or administrative proceeding in response to a legal order or other lawful process, including a subpoena.

5. To Avert a Serious Threat to Health or Safety:

I may be required to use and disclose PHI to prevent or lessen a serious threat to a person's or the public's health or safety. If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the intent and ability to carry out the threat, I must take reasonable precautions that may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. If you present a clear and present danger to yourself or refuse to accept further appropriate treatment and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

6. Workers Compensation:

I may use and disclose PHI as required to comply with workers compensation laws, and other programs that provide benefits for work-related injuries or illnesses.

7. When the Use and Disclosure Without Your Consent or Authorization is Allowed Under Other Sections of the Privacy Rule and the State's Confidentiality Law:

This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as state department of health), to a coroner or medical examiner, for public health purposes related to disease of FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

III. Uses and Disclosures of PHI Based upon Your Written Authorization: Uses and disclosures of your PHI, other than those described above, will be made only with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that I have taken any action in reliance on the authorization.

IV. Your Individual Rights:

Although your medical record at the private practice of Dr. Julianne Fishman is my property, the PHI it contains belongs to you. The following is a statement of your rights with respect to your PHI, and a brief description of how you may exercise these rights.

A. You have the right to inspect and copy your PHI.

At any time, you may inspect and obtain a copy of PHI about you, including your medical and billing record, which may be used to make decisions about your care. Under limited circumstances I may limit your access to all or certain portions of your record. This includes, but is not limited to, psychotherapy process notes, or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. If you request a copy of your records, I may charge you a fee to cover the copying and mailing costs. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that in advance.

B. You have the right to request an amendment of your PHI.

You may request that I amend your treatment and billing information if you think the information is incorrect or incomplete, for as long as I maintain the information. If for some reason I deny your request, I must give you a written statement within 60 days of receiving your request with the reasons for the denial, and what other steps are available to you.

C. You have the right to request a restriction of your PHI.

You have the right to ask for restrictions on the use and sharing of your PHI for treatment, payment, or health care operations. I am not required to agree to your request. If I do, I must put the restriction in writing and abide by it, except if you need to be treated in an emergency. You may not ask me to restrict uses and sharing of information that I am legally required to make.

D. You have the right to receive a list of the disclosures I have made, if any, of your PHI.

You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section II of this Notice). On your request, I will discuss with you the details of the accounting process. The right to receive this information is subject to certain exceptions, restrictions and limitations. Requests must be made to my office in writing, and I will respond to your request within 60 days. The list I will give you will include disclosures made in the last six years unless you request a shorter time.

E. You have the right to receive confidential communications by alternative means and at alternative locations. Upon, your request, I will send your bills to another address or another email.

F. You have the right to be notified if there is a breach of your unsecured PHI.

You have the right to be notified if: 1) there is a breach involving your PHI; 2) that PHI has not been encrypted to government standards; and 3) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

G. You have the right to a paper copy of this notice, which I will provide to you if requested.

V. Complaint Process:

If you have questions or concerns about your privacy rights or believe I have violated your privacy rights, please communicate your concerns to me directly. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. I will not retaliate against you if you file a complaint about my privacy practices, nor will it affect your rights or status as my patient. I will make every effort to respond to your concerns immediately and professionally.

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By signing below, I acknowledge that I have read, understand, and agree to the Notice of Privacy Practices (HIPAA) from Dr. Julianne Fishman.

Print Name:

Sign Name:

Date:

Parent/legal guardian signature required for any patient under 18 years of age.

Print Name:

Sign Name:

Date: