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## **Notice of Privacy Practices**

### **This Notice Describes How Information About You May Be Used and Disclosed and How You Can Get Access to This Information.**

Your health record contains personal information about you and your health. This information, that may identify you, and that relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my Website, sending a copy to you in the mail, upon request, or providing one to you at your next appointment.

## **How I May Use and Disclose Health Information About You**

Because I am in a solo practice, I may disclose PHI to any of your other care providers or consultants only with your written authorization. I may use or disclose your PHI to family members that are directly involved in your treatment with your verbal permission.

I may use and disclose PHI so that I can receive payment from a third party for the treatment services provided to you. This will only be done with your written authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. I do not anticipate the need to use collection processes due to lack of payment for services.

Again, because I am in a solo practice and do not anticipate the need to hire a billing company, I may disclose PHI in order to support my business activities only with your written authorization. For training or teaching purposes PHI will be disclosed only with your written authorization.

Under the law, I must make disclosures of your PHI to you upon your request. In addition, applicable law and ethical standards permit me to disclose information about you without your authorization in a limited number of situations:

- mandatory reporting of suspected abuse or neglect of a child, elder, or disabled person
- mandatory government agency audits or investigations (such as the social work licensing board or the health department),
- in response to a court order, or similar legal situation,

- when necessary to
- protect your safety or the safety of others, including “duty to warn,
- when needed to defend myself in a legal proceeding, initiated by you.

## **Your Rights Regarding Your PHI**

You have the following rights regarding the PHI I maintain about you. To exercise any of these rights, I will need your request in writing.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI

for treatment, payment, or health care operations. We are not required to agree to your request.

- Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- Right to a Copy of this Notice. You have the right to a copy of this notice.

## **Complaints**

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with me or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

The effective date of this Notice is April 14, 2003.