

NOTICE OF PRIVACY PRACTICES

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.

Why we are providing you with this notice:

We are required by the Federal Law known as the Health Insurance Portability and Accountability Act (HIPAA) to give you this Notice. This Notice will tell you about the ways in which we may use and disclose health information about you and will describe your rights and our obligations regarding the use and disclosure of that information.

Your Health Insurance:

This Notice applies to the information and records we have about your health, health status, and the health care services you receive from Joy Giorgio, LMFT. This information and records relate primarily to counseling services you receive from us.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU :

FOR TREATMENT:

We may use or disclose health information about you to facilitate counseling and other health treatment. For example, your counselor might disclose information about you to another referral counselor so that the counselor can determine the most appropriate care for you.

FOR PAYMENT:

We may use and disclose health information about you in order to be paid for the services rendered to you. This may include contacting your health insurer to determine the existence of insurance coverage for services you receive, sending copies or excerpts of your health information to your health insurer to receive payment, and using your health information for our own internal management of the billing process. By way of example a bill sent to your insurance company may include information that identifies you and the procedures used to provide services to you.

APPOINTMENT REMINDERS AND TREATMENT ALTERNATIVES:

We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards, or letters) or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

FOR HEALTH CARE OPERATIONS:

We may use and disclose health information about you in order to run our office and make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate the performance of our staff or to contact you to remind you of your appointments.

Please notify us in writing if you do not want us to contact you to remind you of your appointments.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:

Except where otherwise required or authorized by law, we will not use or disclose your health information for any purpose without your written authorization. If you authorize us to use or disclose health information about you, you may revoke your authorization, in writing, at anytime. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, but we cannot take back any uses or disclosures we have already made with your permission

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

You have the following rights with regard to your health information:

- You may inspect and copy your health information with certain exceptions.
- If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information.
- You may obtain an accounting of our disclosures of your health information. This is a list of all of our disclosures of your health information for purposes other than treatment, payment and health care operations.
- You have the right to request that we restrict or limit our use or disclosure of your health information to only treatment, payment or health care operations. We are not required to comply with your request.
- You may request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, work, or by mail.
- If you want to exercise any of these rights, please contact Joy Giorgio, in writing at the office where you are receiving counseling.

PERSONS INVOLVED IN CARE:

We may use or disclose health information to notify information of (including or locating) a family member, your personal representative or another person responsible for assisting you to obtain healthcare services. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event you become incapacitated, or during an emergency, we may disclose your health information to others, including healthcare providers, on the basis of our professional judgment. We will also use our professional judgment and our experience with common practice to make reasonable inferences in your best interests.

REQUIRED BY LAW:

We may use or disclose your health information when we are required to do so by law, including disclosures for use in judicial and administrative proceedings, or to law enforcement officials, or to the proper authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

CHANGES TO THIS NOTICE

We have the right to change this notice. If we do so, the new notice will apply to the health information we may already have about you and to the health information, which we receive in the future. We are required to abide by the most current notice that is in effect. We will post a summary of the most current notice in our office. You are entitled to receive a copy of the most current notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Joy Giorgio, please contact her at 623-313-0111. You will not be penalized for filing a complaint. All complaints must be submitted in writing.

You have the right to receive a paper copy of this notice. This notice is effective April 14, 2003

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

By signing below, I acknowledge that I have received the Notice of Privacy Practices of Joy Counseling and Consulting, LLC / Joy Giorgio, M.A., LMFT concerning how the use or disclosure of Protected Health Information will be handled by the practice.

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Date

Description of Personal Representative Authority