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## **NOTICE OF PRIVACY PRACTICES HIPAA**

### **Your Information. Your Rights. My Responsibilities.**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

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.

### **Uses and Disclosures**

I may use and share your information as I:

- Treat you
- Run my business
- Bill an insurance company for your services
- Comply with the law
- Comply with an insurance company's requests for records
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Communicate with the people you authorized

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of my responsibilities to help you.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record

- Request confidential communication
- Ask me to limit the information I share
- Get a list of those with whom I've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Request your medical record via the email address or mailing address listed at the top of this notice.
- I will provide a copy or a summary of your health information, usually within 30 days of your request.

### **Ask me to correct your medical record**

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say "no" to your request, but I will tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- I will say "yes" to all reasonable requests.

### **Ask me to limit what I use or share**

- You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or our operations with your health insurer. I will say "yes" unless a law requires me to share that information.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make).

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel I have violated your rights by contacting me using the contact information on this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- I will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to authorize me to:

- Share information with your family, close friends, or others involved in your care.

*If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.*

***\*Authorizations must be in writing and signed. I can provide you with a release form.***

### **USES AND DISCLOSURES**

#### **How do I typically use or share your health information?**

I may typically use or share your health information in the following ways:

With your authorization, I may share it with other professionals who are treating you. *Example: A doctor treating you asks about your overall health condition in order to coordinate care.*

#### **Bill for your services**

I can use and share your health information to bill and get payment from health plans or other entities.

*Example: I give information about you to your health insurance plan so it will pay for your services. If using insurance, a diagnosis must be provided to your insurance company.*

## **Help with public health and safety issues**

I can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Comply with the law**

I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to check that I'm complying with federal privacy law.

## **Work with a medical examiner or funeral director**

I can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

I can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **MY RESPONSIBILITIES**

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you authorize it in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

### **Changes to the Terms of this Notice**

**I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site.**

### **Acknowledgement of Receipt of Privacy Notice**

By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.