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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.

Commitment to Your Privacy:

Privacy is a very important concern for all those who come to this office. If you have any questions or concerns, please contact me so that I can help you in understanding the procedures and your rights. I am required by applicable federal and state law to maintain the privacy of your health information. I am required to give you this Notice of Privacy Practices regarding your rights concerning your Protected Health Information (PHI) and to follow the privacy practices that are described in this Notice (which may be amended from time to time).

Uses and Disclosures of Protected Health Information:

The information collected will mainly be used to provide you with treatment, to arrange payment for services and to conduct healthcare operations. After you have read this notice, you will be asked to sign a consent form to provide permission to share your information.

Treatment: I may use or disclose your PHI to provide treatment to you. This might include, but is not limited to, individual, family, or group therapy, treatment planning; or measuring the benefits of my services.

Your PHI may be disclosed with other health care providers involved in your treatment.

Payment: I may use your PHI to bill you, your insurance, or others, so I can be paid for the treatments I provide to you or so that services can be authorized by your health insurance plan, including information about your health insurance benefits.

Health Care Operations: Your PHI may be used or disclosed for health care operations, including, but not limited to, being required to supply information to some governmental agencies or quality improvement training programs.

Other uses and disclosures in health care: to schedule or provide reminders for appointments, to conduct business operations with business associates, including, but not limited to, billing and medical record services.

Permissible uses and disclosures without your written consent:

Required or Permitted by Law: There are times that the law requires me to share your information, such as when reporting suspected child abuse, when there is a serious threat to your or another's health or safety or to the public or when required to do so by lawsuits and other legal or court proceedings.

Uses and disclosures requiring your written consent:

The records of your therapy sessions are confidential and require your written authorization to send or share, except required by law. Examples of information disclosure requiring your written consent may be treatment coordination with another health care provider or school staff.

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Your Rights Concerning Your Health Information:

Right to Inspect and Copy: Although your health care records are the physical property of the healthcare practitioner, you may request access to your records to inspect and request copies of the records. All requests must be made in writing. Under some circumstances, you may be denied access to your records (for example, when it concerns the privacy of someone else). If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may not be accessible to you.

A fee may be charged for the cost of copying and sending you any records requested.

Right to Alternative Communications: You may request in writing to receive PHI by alternative means of communication or at alternative locations.

Right to Request Amendment: You have the right to request that I amend your health information.

Your request must be in writing and explain why the information should be amended.

Your request can be denied under certain circumstances.

Right to Obtain Notice: You have the right to a copy of this Notice.

Right to File a Complaint: If you need more information or have questions about the privacy practices described above, please speak with me. Please discuss with me if you have a concern with how your PHI has been handled, or if you believe your privacy rights have been violated. You have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I will not in any way limit your care with me or take any actions against you if you have a complaint. If you have any questions or concerns about this notice or my health information privacy policies, please contact me.

Changes to this Notice: I may change the terms of this Notice at any time.

If I change this notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice and I will post the revised notice in the waiting area of my office.

You may also obtain any revised notice by contacting me.