

## 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 CAREFULLY.

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This document and information is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Accordingly, Jess Albright, LCPC, ACS, safeguards the protected health information of people who receive services from her.

Protected health information includes descriptive information that can be used to identify a person and that relates to the physical or mental health or condition, the health care provided to the person, or payment for the health care. The protected health information includes information from the past, present, or future. The right to privacy continues after death.

You have the right to expect that only those individuals, organizations and/or agencies that have a need to know will be granted permission to use your protected health information, unless otherwise allowed by law or by your written authorization.

This notice will explain your rights more completely. These rights are the same as rights under 34B MRSA § 5605 et seq., Rights of Recipients of Mental Health Services, or Rights of Recipients of Mental Health Services who are Children in Need of Treatment.

### 1. Who I am

This notice describes the privacy practices of Jess Albright, LCPC, ACS including all psychotherapy services.

### 2. My Privacy Obligations

I am required by law to keep your protected health information private, to tell you about these rules and to follow the rules.

### 3. Disclosing and Using Your Information with your consent

When you begin receiving services from me, I will ask that you (or your legally authorized representative) to sign a consent form, which will permit me to release information about you in order to provide services to you, and to conduct our regular business activities.

Your consent will permit me to share information with other parties who provide services to you when you give consent to do so. I will specifically ask your permission to share information related to psychotherapeutic treatment.

I will share information with

- Providers in the community who provide services to you,

I will also share information to resolve any complaints or grievances that you may have.

You may request to have the use or disclosure of your protected health information restricted. I do not have to agree to the restriction you request. If I do agree, I must make a record of the restrictions and I must honor them.

If you wish to have information provided to other parties, you will be asked to sign an authorization. The authorization will allow me to provide information to others. I cannot provide information that was given to me by someone else. You may revoke this authorization at any time by providing a written dated notice.

#### 4. Using Your Protected Health Information for Other Purposes

Generally, I may use your protected health information for other reasons only when I have a specific authorization signed by you or your legally authorized representative. I will use your protected health information when necessary to contact you about appointments and to provide you with information I think you may be interested in. You may provide me with another address or method to contact you and I will honor that request.

There are some times when I may be unable to obtain your consent or an authorization and I will still need to use your protected health information. I will use only what is absolutely necessary to accomplish the purpose. Examples of when I might use protected health information about you without consent or authorization include:

- If you need emergency treatment
- If you are incapacitated and I believe you would consent if you could
- If I find any of these situations, which I am legally required to report:
  - Cases of suspected abuse and neglect of children and incapacitated adults
  - If I believe you represent a threat to the safety of someone in the community or yourself.

There are also times when I am required to provide information about you. For example,

- I may be required to provide information about you in response to a court order (including to certain law enforcement officials)

#### 5. Reviewing your Protected Health Information

You have the right to inspect and obtain a copy of protected health information maintained in my files. You will be expected to make an appointment for this and you will be charged fees for copying. You may also request that your records be sent to a mental health professional for their review. If you choose to do this, you will be charged fees for copying. Some protected health information in our files, particularly if it was provided to me by others, may not be reviewed or copied.

#### 6. Amending your Protected Health Information

You have the right to amend your protected health information in my files for as long as that protected health information is maintained in our files. You may not amend material that was not created by me. You may add written material to your record to clarify information if you believe the information is false, inaccurate or incomplete. You may amend your records once annually at no cost. If you amend your records more frequently, you will be charged fees for copying.

#### 7. Disclosures

You have the right to request an accounting of all disclosures of your protected health information that I may make if the disclosure was for something other than treatment, payment or my business needs. You have the right to request an accounting of any disclosures you authorized.

### **Information and Complaints**

If you want more information about your Privacy Rights or our Privacy Practices, or are concerned that I have not followed these rules, you may contact the Secretary of Health and Mental Hygiene, Division of Corporate Compliance at 1-866-770-7175. I will not retaliate against you if you file a complaint of any kind.