



# **DEBORAH FARBER, APRN**

Lauren Wilson, PMHNP-BC

## **Notice Of Privacy Practices**

**Effective Date: August 9, 2024**

*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.*

### **Notice Of Privacy Practices**

I care about my patient's privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that I issue this official notice of privacy practices. You have the right to the confidentiality of your medical information, and my practice is required by law to maintain the privacy of that information.

My practice is required to abide by the terms of the Notice of Privacy Practices, currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please feel free to ask.

### **Who Will Follow This Notice?**

Any healthcare professional authorized to enter information into your medical record all employees, staff, and other personnel at my practice who may need access to your information must abide by this notice. All subsidiaries, business associates, (e.g., billing service) sites, and locations of my practice may share medical information with each other for treatment, payment purposes, or healthcare operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

### **Changes To This Notice**

I reserve the right to change this notice. I reserve the right to make the revised or change notice effective for medical information. I already have about you as well as



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any information I receive in the future. I will post a copy of the current notice with the effective date on the posted copy.

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

The following categories describe different ways that I may use and disclose medical information without your specific consent or authorization.

**For Treatment:** To provide you with medical treatment or services

**For Payment:** So that the treatment and services you receive from me may be billed and payment may be collected from you, an insurance company, or a third-party; and/or

**For Health Care Operations:** For health care operations to assure that you receive quality care.

### **Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization:**

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration
- Other healthcare providers' treatment activities
- Other covered entities' and providers' payment activities
- Other covered entities' and healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations



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- Health oversight activities
- Other public health activities

I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **Use and Disclosures of Protected Health Information Requiring Your Written Authorization**

Other uses and disclosures of your medical information not covered by this notice or the laws that apply to me will be made only with your written permission. If you provide me permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that I am unable to take back any disclosures I have already made with your permission, and that I am required to retain records of the care that I provided to you.

### **Your Individual Rights Regarding Disclosures and Changes to Your Medical Information**

You have the following rights regarding medical information I maintain about you:

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information I use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must



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submit your request, to me, in writing. In your request, you must tell me what information you want to limit.

**Right to an Accounting of Non-Standard Disclosures:** You have the right to request a list of the disclosures I made of your medical information. To request this list, you must submit your request to me. Your request must state the time period for which you want to receive a list of disclosures that is no longer than 6 years, and may not include dates before April 13, 2003. Your request should indicate in what form you want the list (example: on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, I reserve the right to charge you for the cost of providing the list.

**Right to Amend:** If you feel that medical information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept by or for my practice. Your request must be made in writing and provide a reason that supports your request. I may deny your request if the information was not created by me, if it is not part of the medical information kept by or for my practice, is not part of the information which you would be permitted to inspect or copy, or which I deem to be accurate and complete. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.



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### **Your Individual Rights Regarding Your Access To Medical Information**

**Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical information that may be used to make decisions about your care, including medical and billing records, but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited, by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request, in writing, to me. If you request a copy of the information, I reserve the right to charge a fee for the costs of copying, mailing, or other supplies associated with your request. I may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of our current Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, please request it in writing.

**Right to Request Confidential Communications:** You have the right to request how we should send communication to you about medical matters, and where you would like those communications sent. To request confidential communications, you must make a written request to me. I will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. I reserve the right to deny a request if it imposes an unreasonable burden on my practice.



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**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.