

Sheryl Seliger, LCSW

Privacy Notice

As required by HIPAA, Health Insurance Portability and Accountability Act of 1996

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding your health record information:

Each time you visit the offices of Sheryl Seliger, LCSW, a record of your visit is made. Typically, this record contains your symptoms, diagnoses, and treatment, and a plan for future care or treatment. It may also contain correspondence and other administrative documents. All of this information, often referred to as your health or medical record serves as a:

- *Basis for planning your care and treatment.
- *Means of communicating among the many health professionals who contribute to your care.
- *Legal documentation describing the care you need.
- *Means by which a third party payer can certify that services billed were actually provided.
- *A source of data for medical research.
- *A tool with which we can assess and continually work to improve the care we render and outcomes we achieve.

Your health information rights:

Although your health record is the physical property of the healthcare practitioner that compiled it, the information belongs to you. You have the right to:

- *Inspect and obtain a copy of your health record as provided in R.S.40:1299.96.
- *Amend your health record as provided in 45 CFR 1 64.528.
- *Request a restriction on certain uses and disclosures of your personal information as provided by 45 CFR 1 64.522.
- *Obtain a paper copy of the privacy Notice of information practices upon request.
- *Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528.
- *Request communications of your health information as provided by 45 CFR 164.528.
- *Request communications of your health information by alternative means or at alternative locations.
- *Revoke your authorization to use or disclose health information except to the extent that the action has already been taken.

Provider:

As a provider, I am required to:

- *Maintain the privacy of your health information.
- *Provide you with a notice as to my legal duties and privacy practices with respect to information I collect and maintain about you.
- *Abide by the terms of this notice.
- *Notify you if I am unable to agree to a requested restriction.
- *Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Other uses and disclosures:

I may disclose your protected health information when necessary:

- *To prevent a serious threat to your health and safety, the public, or the health and safety of another person.
- *To public authorities as allowed, to report suspected abuse, neglect, or domestic violence.
- *For lawsuits and similar proceedings, if required by law.

We will not use or disclose your health information without your consent or authorization except as [provided by law or] described in this notice.

Federal Standards for Privacy of Individually Identifiable Health Information will go into effect on or after April 15, 2003. We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will make the new version available to you upon your request.

For more information or to report a problem:

If you have questions and would like additional information, you may contact me at (801) 556-8760. If you believe your privacy right have been violated, you can file a complaint with the director of health information management or with the secretary of Health and Human Services. There would be no retaliation for filing a complaint.

Client Signature: _____ Date: _____
(parent or responsible party if client is under 18)