

# THE CENTER FOR BEHAVIORAL HEALTH

MARTIN A. KLUGER, PH.D. - DIRECTOR

---

287 NORTHERN BLVD. SUITE 204 GREAT NECK, NY 11021 516-487-4202 FAX: 201-692-0234

175 CEDAR LANE SUITE A TEANECK, NJ 07666 201-692-9500 FAX: 201-692-0234

## **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND SAFEGUARDED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

The privacy and confidentiality of your medical/personal health information is important to us. You may be aware that the US government regulators established a privacy rule ("HIPPA") governing protected health information. This required notice tells you about how it may be used, and about certain rights that you have.

Your health information includes record that we create and obtain when we provide you care, such as a record of your symptoms, diagnosis, tests results, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care.

### **Uses and Disclosures of Information:**

Under federal law, we are permitted to use and disclose personal health information about you without further authorization from you for treatment, payment and health care operations. Participants in this organized health care arrangement also share health information with each other, as necessary to carry out treatment, payment or health care operations relating to the organized health care arrangement.

We may use or disclose your medical/psychological information without further notice to you or specific authorization by you where:

1. Required by law
2. Required for public health purposes
3. Required by law to report child abuse
4. Required by law in judicial or administrative proceedings
5. Required for law enforcement purposes by a law enforcement official
6. Required by a coroner or medical examiner
7. Permitted by law to avert a serious threat to health or safety

### **Psychotherapy Notes:**

In the course of your care with us, you may receive treatment from a mental health professional who keeps separate notes during the course of your therapy sessions about your conversations. These notes, known as "psychotherapy notes" are kept apart from the rest of your medical record and do not include basic information such as your medication treatment, counseling session start and stop times, type of treatment, frequency, diagnosis, or test results. Psychotherapy notes are the possession of the therapist and may only be disclosed by a therapist if he/she chooses and only after you have given written authorization to do so. You can not be required to authorize release of these notes in order to obtain health insurance benefits or to enroll in a plan.

**Rights you have:**

You have the right to request restrictions on certain of the uses or disclosures described above. But we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of your medical information excluding our “psychotherapy notes” as stated above.

You have the right to request amendments to your medical information. Such requests must be in writing and must state the reason for the request. We will notify you if we agree or disagree with the request.

**Obligations that we have:**

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy acts.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. No retaliatory action will be taken against you for any complaint you may have.

I have read, understood and received a copy of this document:

---

Signature

---

Print Name

---

Date

