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.

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My legal duty

I am required by law to keep your protected health information (PHI) private, to give you this notice of my legal duties and privacy practices, to notify you following a breach of unsecured PHI, and to follow the terms of the notice currently in effect.

Uses and disclosures that do not require your authorization

Treatment. To provide, coordinate or manage your care — for example, consulting with another provider treating you, with your knowledge.

Payment. To obtain payment — for example, submitting a claim or providing a diagnosis to your health plan for authorization.

Health care operations. To run the practice — quality assessment, professional review, training, business management and audits.

Business associates. Vendors who perform services on my behalf — electronic records, billing, telehealth, secure messaging — each under a written agreement requiring them to safeguard your information.

Persons involved in your care. Unless you object, I may share relevant PHI with a family member or other person you identify as involved in your care or payment, and in an emergency where you cannot agree or object.

Disclosures I am permitted or required to make by law:

- Suspected abuse or maltreatment of a child, reported to the New York Statewide Central Register as required by law, and concern for the safety of an elderly or vulnerable adult
- A determination under New York Mental Hygiene Law § 9.46 (NY SAFE Act) that you are likely to engage in conduct resulting in serious harm to yourself or others
- Action to prevent or lessen a serious and imminent threat to health or safety
- A court order, or a subpoena or discovery request where the required assurances have been satisfied
- Health oversight activities, including licensing board investigations and audits
- Public health activities and law enforcement purposes, as the Privacy Rule permits
- Research, where approved by an Institutional Review Board or Privacy Board with established protocols to protect your privacy

Uses and disclosures that require your written authorization

Your specific written authorization is required for psychotherapy notes (except in narrow circumstances the law permits), marketing communications, sale of your PHI, and most other uses not described in this notice. You may revoke an authorization in writing at any time; revocation does not affect disclosures already made in reliance on it.

Your rights

Inspect and copy. You may inspect and obtain a copy of your record, including an electronic copy if I hold it electronically, and may direct me to send it to a person you designate. A reasonable, cost-based fee may apply. Access to psychotherapy notes may be limited, and if I deny access you may in certain circumstances have the denial reviewed.

Request an amendment. If you believe your record is incorrect or incomplete, you may ask in writing that I amend it. I may deny the request in certain circumstances, and you may then submit a statement of disagreement.

Accounting of disclosures. You may request a list of certain disclosures made in the six years before your request, excluding those for treatment, payment, health care operations and several other categories.

Request restrictions. You may ask me to limit how I use or disclose your PHI. I am not required to agree, except that I must agree not to disclose to a health plan where the disclosure is for payment or operations and you have paid in full out of pocket.

Confidential communications. You may ask me to contact you by a particular means or at a particular location. I will accommodate reasonable requests.

Paper copy of this notice. You may request one at any time, even if you agreed to receive it electronically.

Notification of a breach. You will be notified of any breach of your unsecured PHI.

To exercise any of these rights, submit a written request to the contact above.

Changes to this notice

I may change this notice and make the revised notice effective for PHI I already hold as well as information I receive in future. The current notice will be posted in my office and on AmySlepPhD.com, with the effective date shown.

Complaints
If you believe your privacy rights have been violated, you may file a complaint with me at the contact above, or with the Secretary of the U.S. Department of Health and Human Services: Office for Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201 · 1-877-696-6775 · www.hhs.gov/ocr/privacy/hipaa/complaints/
You will not be retaliated against for filing a complaint.

Acknowledgment of Receipt
I acknowledge that I have been provided with a copy of the Notice of Privacy Practices of Amy M. S. Slep, Ph.D.

Signature: _____ Date: _____
Printed name: _____