

Headstrong Psychological Services NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2022

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR PRIVACY RIGHTS, OUR RESPONSIBILITIES

Headstrong Psychological Services is required by law to protect the privacy of your health information and provide you with this Notice of Privacy Practices. This Notice describes how we may use and share your health information and explains your privacy rights. We will use or disclose your information only as described in this Notice. We do, however, reserve the right to change our privacy practices and the terms of this Notice and to make new provisions effective for all health information that we maintain. If this notice is revised at any time while you are receiving services from us, you will be provided a copy of the revised notice.

If at any time, you have questions or concerns about the information in this Notice or about our agency's privacy policies, procedures, or practices; you may contact the HIPAA Coordinator (see Contact Information on the reverse page).

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION

The law permits Headstrong Psychological Services to use or disclose your health information without your written consent or authorization for the following purposes:

Contacting You: We may contact you to remind you of an appointment, reschedule a missed appointment, provide information about new services that may be of interest to you, or assess satisfaction with ongoing treatment. This contact may include phone contact and/or email contact.

Other Circumstances: In addition, we may use or disclose your health information for the following purposes without your consent or authorization:

- As required or permitted by law (e.g., cooperation with law enforcement, court officials, or government agencies)
- For health oversight activities (e.g., investigations, inspections, accreditation, licensure, etc.)
- To avoid serious threat to health or safety
- As authorized by worker's compensation laws or similar programs that provide benefits for work-related injuries or illness

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION

Except as provided in this Notice of Privacy Practices, Headstrong Psychological Services will not use or disclose your health information without your written authorization. If you sign an authorization form, you may withdraw your authorization at any time, if your withdrawal is in writing.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have several rights regarding your health information. Specifically, you have the right to:

- **Obtain a paper copy of this Notice.** You may request a written copy of this Notice at any time.
- **Request confidential communications.** You have the right to request in writing that the Clinic only communicate to you in a

certain format (e.g., only your cell phone or only your work phone) and/or location (e.g., home versus work). We will accommodate all reasonable requests.

- **Inspect and copy records.** You have the right to request in writing to see your records and/or obtain a copy, within 30 days of your written request, at a reasonable fee. This right is subject to certain legal restrictions. For example, this right does not apply to psychotherapy notes or information compiled for judicial proceedings. **If this request is denied you will be notified in writing of the reason for denial and your right to request review of the denial.*
- **Request restrictions on certain uses and disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed. We are not required to agree to your requested restriction, but we will consider your request and the possibility of accommodating it.
- **Request to amendment.** You have a right to request in writing that portions of your records be corrected when you feel information is incorrect or incomplete. All such requests will be reviewed by the HIPAA Coordinator (Dr. Randy Arnau).

We may deny your request if the information was not created by this agency or if we believe the information is accurate.

- **Receive an accounting of disclosures.** You have a right to receive an accounting of disclosures of your health information that have been made by the us, except for disclosures for the purposes of treatment, payment, and operations (described previously), and certain other disclosures as provided for by law.
- **Complain.** If you believe your health information privacy rights have been violated, you may contact the OCR Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909, (404) 562-7886. You may also request a Privacy Complaint Form form from the HIPAA Coordinator (Dr. Randy Arnau)

CONTACT FOR FURTHER INFORMATION

Dr. Randy Arnau
Headstrong Psychological Services
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