

NOTICE OF PRIVACY RIGHTS AND PRACTICES

We are required by a federal law known as “The Health Insurance Portability and accountability Act” (HIPAA) as we are required by the Massachusetts law to maintain the privacy of your medical and health information, also referred to as “Protected Health Information “ (PHI).

Our notice of Privacy Rights and Practices describe how information about you may be used and disclosed and how you can obtain access to this information. Please review this carefully. When we use or disclose your Protected Health Information, we are required to abide by the terms of this notice.

You have the right to request in writing that we restrict how Protected Health Information about you is used or disclosed. We are not required to agree to this restriction, but if we do, you will receive written confirmation of our agreement to which we are bound.

Your signature below constitutes your acknowledgement that you have received a copy of our Notice of Privacy Rights and Practices, and your consent under Massachusetts law to the kinds of uses and disclosures of PHI mentioned in our Notice.

Patient’s Signature: _____

Date:_____

Personal Representative:_____

Date:_____

Relationship to patient:_____

NOTICE OF PRIVACY RIGHTS- PRACTICES

Please know that federal and state laws requires special privacy protections for certain highly confidential information included but not limited to 1) psychotherapy notes 2) mental health and developmental services 3)alcohol and drug abuse prevention 4) HIV testing 5) venereal disease 6) genetic testing 7) child/elder/disabled persons abuse 8) sexual assault. In order to disclose this information, we must obtain written authorization.

Your rights: Under HIPAA, you have the right to request in writing:

- restrictions on how we use or disclose medical information
- confidential communications to an alternative phone or address
- access to your medical information if you feel you or your health care provider needs to make additions or corrections.
- an accounting of disclosures of your medical information for purposes other than treatment, payment, health care operations or made pursuant to an authorization.
- a paper copy of this Notice even if it is received it electronically
- a revocation of any specific authorization obtained in connection with your privacy, such as marketing and research.

Our Responsibilities: We are required by law to maintain the privacy of your medical information with this written Notice of Privacy Rights and Practices, and to abide by the terms of the Notice.

For more information: If you would like more information about your privacy rights, you may file a written complaint with the Office for Civil Rights of the US Department of Health and Human Services.