

Hope Restored, MD

132 Main Street, Princeton NJ 08540

Telephone: (609) 336-5352 Fax: (339) 207-0408 Email: drkaffyojo@gmail.com

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, a federal law, gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. The Security Rule, a Federal law that protects health information in electronic form, requires entities covered by HIPAA to ensure that electronic protected health information is secure.

WHAT INFORMATION IS PROTECTED

- Information I put in your medical record
- Conversations I have about your care or treatment with others
- Billing information about you at my office
- Most other health information about you that I hold

HOW IS THIS INFORMATION PROTECTED

Your paper medical records are kept locked in my private office. Electronic records are maintained on a HIPAA-compliant electronic health records program. Documentation for your visit will include notes of your initial psychiatric assessment, a brief entry at each subsequent visit indicating current status, any salient information or laboratory results, and any medications prescribed. There may also be periodic summary statements that are concise and provide a general description of treatment progress. More detailed psychotherapy notes may or may not be recorded at each of your office visits, but these are kept separate from the documentation of the visit as described above. I will reasonably limit uses and disclosures to the minimum necessary to accomplish their intended purpose. Most routine uses and disclosures of health information fall into three main categories: treatment, payment, and health care operations. Additionally, I may use or disclose the minimum necessary information as required by the law. This includes disclosure regarding potential for harm to oneself or others, suspicion of child abuse or elder abuse, or abuse of persons with mental retardation.

Psychotherapy notes are not necessarily made routinely and consist of notes to myself documenting or analyzing the contents of a conversation during a private counseling session for the purpose of understanding your case and following up on your progress in treatment; they are not part of your medical record. With your additional request and authorization in writing, the specific content of psychotherapy notes about your treatment may be disclosed, but only at my discretion and after discussion with you, except under the following specific conditions in which I may use or disclose any information without your consent or authorization:

- For my own training in consultation with other members of my profession. In these instances your personal identifiers will not be revealed so as to maintain anonymity.
- For me to defend myself in a legal proceeding brought by you
- For HHS to investigate my compliance with privacy rules
- To avert a serious and imminent threat to public health and safety
- To a health oversight agency for lawful oversight of me
- For the lawful activities of a coroner or medical examiner
- For any other reason as required by law or legal process

WHAT RIGHTS DOES THE PRIVACY RULE GIVE YOU OVER YOUR HEALTH INFORMATION

I will comply with your right to:

- Ask to see and get a copy of your health records, including in an electronic format requested by you if such format is readily producible
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decided if you want to give your permission before your health information can be used or shared for certain purposes
- Get a report on when and why your health information was shared for certain purposes
- Ask to be reached somewhere other than home
- Be notified of any breach of unsecured protected health information
- Restrict the release of information to your health plan when you have paid for services out-of-pocket, and in full
- If you believe your rights are being denied or your health information isn't being protected, you can file a complaint with me, or with the U.S. Government, at the website at www.hhs.gov/ocr/privacy/hipaa/complaints/

SUMMARY

Your health information will remain confidential whenever possible and this office is strongly committed to maintaining your privacy. With your consent, as indicated by your signature, I will use confidential medical records for the purposes of treatment, payment, and health care operations. With the exceptions noted above, further authorization in writing will need to be obtained for all other uses of your protected medical information by me.

I have received and reviewed this Notice of Privacy Practices:

Signature: _____ Date: _____

Printed Name: _____ Date: _____