FERNANDO DE GREEF, LPC
PSYCHOTHERAPIST - PSYCHOANALYST

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Notice of Privacy Practices

(PLEASE USE ONLY BLACK INK)

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

As your therapist, I have a duty to maintain privacy of your health information and to provide you with this notice. You will be asked to sign a consent form. Once you have signed a consent form, I may use or disclose your Protected Health Information for purposes of diagnosis, treatment, obtaining payment, or to conduct healthcare operations.

For example, if you choose to use insurance, I must provide information about your treatment in order to receive payment from your insurance provider.

Other permitted and required uses and disclosures that may be made without your consent or authorization include:

Abuse or neglect: If I suspect abuse or neglect of a child or elder, I am mandated by law to report this to the appropriate public authorities.

Danger: If I suspect that you are in imminent danger of harming yourself or someone else, I am mandated by law to report this to the person at risk and the appropriate public authorities.

Legal Proceedings: I may be required to disclose Protected Health Information in response to a court order or a subpoena or in certain other legal proceedings.

You have the following rights regarding health information I maintain about you:
Right to inspect and copy: You have the right to inspect and request copies of information that may be used to make decisions about your care. Usually this includes demographic and billing records but does not include psychotherapy notes. To inspect and/or receive copies of information, you must submit a request in writing. If you request a copy of information, I may charge a fee for the cost of copying, mailing, or other supplies associated with your request. I must respond to your request within fifteen days.

Right to Amend: If you feel that health information about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for a long as the information is kept by me. Your request must be in writing and you must provide the reason for your request.

Right to an Accounting of Disclosures: You have the right to request an Accounting of Disclosures I have made of information about you. You must submit your request in writing to the above address. Your request must state a time period for the disclosures, which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restriction on Uses and Disclosures: You may request that disclosure of confidential information be limited. If I am unable to agree to the restriction, we can discuss other options such as referral to another therapist.

Right to Limit Reception of Confidential Information: For example, you may request that I contact you at a certain telephone number or address. You do not have to give a reason for your request.

Right to a Paper Copy of this Notice: Your signature below confirms that you have received a copy.

Other uses and disclosures of Protected Health Information and any disclosure of Psychotherapy Notes will only be made with your written authorization, which may be revoked at any later time. This Notice may be amended as needed to comply with federal, state, and professional requirements.

If you believe your privacy rights have been violated, please let me know in writing. Such a complaint will not result in any retaliation by me. You may also file a complaint with the Secretary of the US Department of Health and Human Services.

_____ _____

Signature of Client/Custodial Parent/Guardian Date

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Printed Name of Client