



**POSITIVE SELF
CENTER**

NOTICE OF PRIVACY PRACTICES – BRIEF VERSION

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.

My commitment to your privacy

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I also am required by law to keep your information private. These laws are complicated, but I must give you this important information. This pamphlet is a shorter version of the full, legally required NPP, which you received along with this so refer to it for more information. However, we can't cover all possible situations so please talk to me, your Privacy Officer (see the end of this pamphlet), about any questions or problems.

I will use the information about your health, which I get from you or from others mainly to provide you with treatment, to arrange payment for my services, and for some other business activities, which are called, in the law, health care operations. After you have read this NPP, I will ask you to sign a Consent Form to let me use and share your information.

If you or I want to use or disclose (send, share, release) your information for any other purposes I will discuss this with you and ask you to sign an Authorization form to allow this.

Of course I will keep your health information private but there are some times when the laws require me to use or share it. For example:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If law enforcement officials require doing so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these but which don't happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or the

payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.

3. You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records but I may charge you. Contact me, your Privacy Officer, to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me, your Privacy Officer. You must tell me the reasons you want to make the changes.
5. You will be informed of electronic storage of clinical records via this notice of privacy practices, or when appropriate, in person. I will take all precautions to preserve and protect your client confidentiality. In the event of a stolen laptop, I will notify you if you are affected with this breach of confidentiality. I will also assess whether the lost computer contains any personal information that could lead to identity theft. I will file a report with the police and with other agencies and institutions if, and as, required. If there are any additional questions, you may contact me.
6. You have the right to a copy of this notice. If I change this NPP I will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
7. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me, your Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact me, your Privacy Officer, who is Sally Palaian and can be reached by phone at 248-645-5960 or by e-mail at sally@positiveselfcenter.com.

The effective date of this notice is April 14, 2003

I have read this NPP Brief Version and understand the long version is available either in Sally Palaian's waiting room or upon request for my own copy.

Signature of Client

Date

Print Name of Client