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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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. Our full length NPP is available to view or obtain upon request. However, we can't cover all possible situations so please talk to our Privacy Officer about any questions or problems.

We will use the information about your health that we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities, which are called, in the law, health care **operations**. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

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

We will keep your health information private at all situation aside from times when the laws require us 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. We 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 certain law enforcement officials require us to do so.
4. For Workers Compensation and similar benefit programs.

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

Your rights regarding your health information and treatment

1. You can ask us 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 us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we 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 we have about you such as your medical and billing records. You can even get a copy of these records though we may charge you. You may not have access to psychotherapy notes that are a product of our process. Contact our Privacy Officer to arrange how to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our waiting area and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our 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 we provide to you in any way.
7. You have the right to be treated with dignity and respect.
8. You have the right to fair treatment, regardless of race, religion, gender, ethnicity, age, disability or source of payment.
9. You have the right to information from staff/providers in a language that you can understand; the right to information about services and role in the treatment process; and the right to provide input on policies and services.
10. You have the right to have an easy to understand explanation of your condition and treatment, to know all about treatment choices, to share in the formation of your plan of care, and to information about providers.
11. You have the right to know about clinical guidelines used in providing and/or managing care.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, Dr. Samuel K. Schachner, Ph.D. at 128 N. Craig St., Suite 210, Pittsburgh PA, 15213 or by phone at 412-683-1000.

The effective date of this notice is April 14, 2003