

**SUMMARY OF NOTICE OF PRIVACY PRACTICES**

**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.**

Health Insurance Portability and Accountability Act (HIPAA) contains new federal policies and procedures which mandates by law how **Nicola Pierre-Smith, LPC** can use and disclose or release medical or health information about you to others; as well as how you can gain access to your own health information. The purpose of this new law is to protect the privacy of your medical or health information and give you more control over it. These new privacy practices are effective as of April 14, 2003.

As always, Melanated Womens Health, LLC must obtain your authorization prior to disclosing your protected health information (PHI) to anyone, except in the following situations:

- When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement
- In emergency treatment situations
- To avoid harm to yourself or others

As in the past, we will be using your PHI in treatment (consultation with your healthcare providers), for billing (contacting your insurance company or other third party payers) and in agency operations (government regulations and reports). In addition, unless you specifically object, we may contact you from time to time by mail or by telephone to confirm appointments, provide information about related services, inquire about your satisfaction with services, or inform you about the status of your account. You also now have the following rights under the new federal rules:

- The right to request limits on uses and disclosures of your PHI, if allowable by law
- The right to choose how we send PHI to you
- The right to view and obtain copies of your PHI
- The right to correct or update your PHI

A more detailed description of your rights under this law is available upon request. Special forms to request changes, corrections, or copies of your PHI (including any fees) are available from me, **Nicola Pierre-Smith, LPC** Privacy Officer.

I, **Nicola Pierre-Smith, LPC** have the right to change the privacy practices as the law or agency protocols are changed. You will be notified in writing at the time of your next appointment following any such changes. Please contact me if you think that your privacy rights may have been violated, or if you disagree with a decision we made about access to your PHI. You may also send a written complaint to the Secretary of the Department of Health and Human Services. I want to assure you are provided with the best possible care, so please be aware that I will take no retaliatory action against your for filing a complaint about our privacy practices. I welcome questions and suggestions about these rules and regulations.

Receipt of Summary of Notice of Privacy Practices

I, \_\_\_\_\_, hereby attest that I have read over the Summary of Notice of Privacy Practices for Melanated Womens Health, LLC. By signing this form, I attest that the enclosed information is understood completely.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date