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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed. It also informs you how to get access to this information, if you choose. Please read it carefully.

I am committed to providing the highest level of service possible to my clients as well as abiding by federal, state, and local law. Confidentiality between therapist and client is necessary to develop the trust and confidence important for therapeutic intervention.

With your consent, certain Protected Health Information (PHI) may be disclosed for the purpose of carrying out treatment, payment, or health care operations on your behalf. I will disclose only the minimum amount of information required for these purposes. PHI that may be disclosed includes, but is not limited to

- Name, Address, Telephone Number, Social Security Number
- Past, present, or future physical or mental health diagnosis
- Dates and times of treatment
- Treatment provided, progress, and outcome
- Past, present, or future payment for the provision of health care services

PHI may be disclosed to your health insurance company to ensure reimbursement for treatment. PHI may also be disclosed to appropriate personnel to provide you with appointment confirmations or changes.

If you are self-pay, then you may restrict the information sent to insurance companies.

Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases unless it is for purposes already mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.).

You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

PHI may be disclosed without your consent:

- In the event of an emergency, and after attempts have been made to contact you
- In the event that you might pose a threat to yourself or others
- In the event that it is required by federal, state, or local law

Other uses or disclosures of PHI will be made only after written authorization has been obtained from you. You may revoke authorization, in writing, at any time, except to the extent that I have already acted on the authorization.

In reference to PHI, you have the right:

- To request restrictions on certain uses and disclosures of PHI, although I am not required to agree with your requested restrictions.
- To receive confidential communications of PHI.
- To inspect and copy PHI.
- To amend PHI.

I am required by law:

- To maintain the privacy of PHI and provide you with this Notice of its legal duties and privacy practices with respect to PHI.
- To abide by the terms of this Notice currently in effect.
- To provide a revised Notice – in the event that I change my privacy practices, I will place paper copies of the revised Notice in the reception area, for a period of time of at least two months following the date of revision.

If there is a breach in your confidentiality, then I must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless I (the covered entity) can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.

You may enter a written complaint to me, my privacy office, Karen Dickersheid, or the Secretary of Health and Human Services if you believe your privacy rights have been violated. A complaint may be filed at any time in writing. The Privacy Officer will respond to your complaint, in writing, within two weeks of receiving your complaint. For questions, please call 717-560-3525.