

NOTICE OF PRIVACY PRACTICES

Dana Lewin Counseling, PLLC

Dana Lewin, LMFT, LCDCi

THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Dana Lewin is required by law to abide by the terms of this *Notice of Privacy Practices*, allow you to review this *Notice* prior to granting consent, and notify you of changes/revisions to this *Notice*. If you believe your privacy rights have been violated, you may submit a written complaint to Dana Lewin or to the Secretary of Health and Human Services describing in detail the manner in which you feel your privacy rights have been violated. Dana Lewin will not retaliate against you in any way for filing a complaint with them, or with the Secretary.

YOUR PRIVATE HEALTH INFORMATION (PHI)

Each time you have contact with a healthcare provider for delivery of healthcare, a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment, and future care. Your healthcare record is the physical property of Dana Lewin, but you have certain rights to restrict some of the uses or disclosures of the information contained in your healthcare record. Dana Lewin, however, has the right to use and disclose the information contained in your healthcare record in the process of providing treatment, receiving payment, and performing other regular health operations such as:

- Documenting and describing the care you received for legal purposes
- Communicating with other healthcare providers who may be involved in your case
- Educating health care professionals
- Evaluating and improving the care you receive and the outcomes achieved
- Billing and verification of services provided to you

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of Dana Lewin Counseling. Dana Lewin Counseling, PLLC is required by law to maintain privacy and confidentiality of your health information, provide you with this Notice of Privacy Practices, notify you of your rights to restrict use of this information, notify you if Dana Lewin Counseling is unable to

agree to a requested restriction, and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice. Examples of disclosure of your PHI and your rights concerning PHI are continued below. If you have questions or would like additional information, contact Dana Lewin, (817) 797-7968.

EXAMPLES OF DISCLOSURE OF YOUR PHI

Healthcare delivery and treatment: Information obtained from you by Dana Lewin is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your health conditions. This information is provided to other healthcare professionals, such as other physicians, specialists, hospital-based providers, and/or other healthcare providers following your treatment by Dana Lewin. This information would only be provided to these individuals by your expressed consent, however.

Billing and Payment: Your PHI is utilized to justify the level of care delivered to you and the charge incurred for the services. This information generally accompanies the bill and is sent to our payers.

Other healthcare operations: Dana Lewin may disclose your PHI to other individuals and businesses in order for him to perform his day-to-day operations. These other individuals and businesses include business associates such as vendors and/or contractors used for billing and claims management. These individuals are held to the same standard of privacy and confidentiality as Dana Lewin.

Reminders and Treatment: Dana Lewin may contact you to provide you with information she feels is useful or helpful to you, based on your PHI. For example, they may contact you to schedule an appointment or as an appointment reminder, to suggest alternative treatments, or to provide you with information on treatments you are already receiving.

Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that Dana Lewin has already taken action in reliance on your prior authorization. The only exception to this would be under circumstances that are life-threatening or an emergency, such as an individual being acutely suicidal or in some other way in extreme danger. Not all information provided by you to Dana Lewin will be recorded in a healthcare record, only that information considered by her to be critical to providing for your care. Other information regarding personal matters in your private life and affairs will not be made part of a healthcare record document.

YOUR RIGHTS CONCERNING PHI - Except as otherwise provided by law, you have a right to:

- receive a paper copy of this *Notice of Privacy Practices* if you have agreed to receive it electronically;
- receive a confidential communication of PHI if a request is submitted to Dana Lewin in writing.
- inspect and copy PHI or records about you in a designated record set as long as the PHI is maintained in the record set;
- ask Dana Lewin to amend PHI or records about you in a designated record set as long as the PHI or record is maintained in the record set (Dana Lewin is not required to change the information if she deems it to be accurate);
- receive an accounting of disclosures of PHI (a list of the disclosures made by Dana Lewin about you for reasons other than treatment, payment or healthcare operations); and
- request that Dana Lewin restricts uses or disclosures of your PHI. Though Dana Lewin is not required to agree to a restriction, to the extent that it does agree with your request, Dana Lewin may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment, or is otherwise permitted or required by law.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature

Date