

JASON T. CERRO LPC, INC.

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THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The Health Insurance Portability and Accountability Act (HIPAA) was signed into law, August 1996.

Portability- HIPAA was designed to protect patients who had previously been ill from losing their health insurance when they changed either their job or their residence.

Accountability- HIPAA was meant to streamline by mandating the adoption of nationwide standards for the transmission of electronic healthcare claims, and, more generally, for securing the storage of confidential medical information about patients.

This Notice of Privacy Practices describes how psychological and medical information about you may be used and disclosed.

Under the HIPAA Privacy Rule, it is legally mandated that your Protected Health Information (PHI) be safeguarded. The PHI includes information that can be used to identify you, such as your past, present, or future health, the health care provided to you, and your arrangements for payment of this health care.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

“Use” of your PHI occurs when I utilize this information within my own practice. “Disclosure” of your PHI occurs when I divulge part or all of its contents to persons outside my practice.

In the disclosure or use of your PHI, every effort will be made to provide the minimum necessary to accomplish the intended purpose of use or disclosure. Furthermore, even in mandatory situations to disclose, every effort will be made to obtain your written authorization prior to said use or disclosure.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS DO NOT REQUIRE YOUR AUTHORIZATION UNDER FEDERAL LAW

1. For Treatment: Your PHI may be disclosed to other licensed health providers who are providing you with health care services or are involved in your care. An example of this would be if you are being treated by a psychiatrist. However, CT State Law continues to require that I obtain your consent for disclosure of PHI for coordination of care with other providers and the disclosure of certain sensitive information protected under State Law. I will request your consent for disclosure of your PHI upon your first appointment.
2. To Obtain Payment for Treatment: Your PHI may be used and disclosed for the purpose of billing and collecting payment for treatment services. For example, your PHI could be sent to your insurance company for the purposes of reimbursement. However, CT State Law continues to require that I obtain your consent for disclosure of PHI for payment purposes. I will request your consent for disclosure of your PHI upon your first appointment.
3. For Health Care Operations: Disclosure of your PHI may occur to a legal entity to make certain that my practice has complied with HIPAA regulations.

SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

1. Emergencies: Disclosure of your PHI may occur if you require emergency treatment, although every effort will be made to obtain your consent before or after treatment is obtained.
2. Child Abuse: If there is reasonable cause to believe that physical, sexual, or emotional abuse or neglect is occurring, or is of substantial risk of occurring, the Connecticut Department of Children & Families (DCF) must be made aware of this.
3. Adult or Elder Abuse: If there is reasonable cause to believe endangerment had or did occur, then notice must be made to the relevant law enforcement or state-run agency.
4. If Health Oversight: The Board of Registration, has the power, when necessary, to subpoena relevant patient records should your healthcare practitioner become the focus of inquiry.
5. In Judicial or Administrative Proceedings: Ordinarily, information is privileged under state law, and therefore does not require your prior written authorization. However, this privilege does not apply if the information is court ordered.
6. For Serious Threat to Health and Safety: If an explicit threat to seriously or fatally harm an identified person is made to me, and, in my judgment and evaluation, a reasonably clear and present danger

exists, reasonable precautions must be taken. Such may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. Furthermore, if a reasonable threat of danger to yourself exists, in my best judgment and evaluation, and you refuse appropriate treatment, steps toward your hospitalization must be taken, and this may also require contacting your family members or significant others. Any of these actions will ultimately be dictated by my belief that these are in your best interest.

7. To Persons Exposed to a Communicable Disease: As required by law, I may disclose such information without your written consent to a public health official, a health care provider for the purpose of treatment, a medical examiner to determine the cause of death, pursuant to a court order, to your partner if it is believed by your physician that your partner is at significant risk for transmission, and to your parents or legal guardian (if you are a minor) unless your physician determines there is cause (as defined by law) not to disclose to them.

ALL OTHER USES AND DISCLOSURES DO REQUIRE YOUR AUTHORIZATION

In all other situations: Use or disclosure of your PHI can only occur by way of your written authorization.

**Psychotherapy Notes: These are notes I record documenting or analyzing communications within a counseling session that are not part of the medical record. Federal Law treats Psychotherapy Notes differently than other psychiatric information by prohibiting disclosure without authorization, unless it is disclosed to 1) defend a legal action you bring against me, 2) when there is substantial risk of imminent physical injury to you or others and the disclosure is necessary to place you in a treatment facility, 3) a civil court proceeding if you introduce your mental health condition as an element of a claim or defense, and 4) the Commissioner of the State Department of Public Health or the State Department of Mental Health and Addiction Services in connection with an inspection or investigation.*

Revocation: At any time, you may revoke, in writing, an authorization to release your PHI and/or notes related to your personal communication, except to the extent that I have already taken action based upon prior authorization.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

1. Your Right to Request Restrictions: You have the right to request limitations to how I use and disclose your PHI. Although not legally required to agree to such restrictions, your request will be taken seriously, and every attempt will be made to honor it.
2. Your Right to Receive Confidential Communications at Alternative Locations and by Alternative Means: You can request and receive confidential communications of your PHI at alternative locations, i.e. home, work, e-mail.
3. Your Right to Inspect and Copy your PHI: In most situations, you have this right, but you must make the request in writing. I will respond within 30 days. In certain situations, I may deny your request. If I do, the reasons for such will be made in writing, and include an explanation of your right to have my denial reviewed. Charges for PHI will not exceed \$.25 for each page. A summary of your PHI may be provided if you agree to this and the costs involved ahead of time.
4. Your Right to Amend: You have the right to request amendment of your PHI if you believe a mistake or omission exists. Your reasons must be made in writing, and I will respond within 60 days. In certain situations I may deny your request in writing, stating the reasons for this and explaining your right to file a written statement of disagreement. If I approve your request, I will amend your PHI and, if appropriate, tell others who need to know about the change to your PHI.
5. Your Right to an Accounting: You may request in writing an accounting of disclosures of your PHI for up to six years prior to your request. This will be provided within 60 days.

JASON T. CERRO LPC, INC.'S RESPONSIBILITIES

JASON T. CERRO LPC, INC. is required by the HIPAA Privacy Act to maintain the privacy of your PHI and to provide a copy of this "Notice of Privacy Practices." I reserve the right to change the practices described in this notice. However, unless I notify you of such changes, I am required to abide by the terms currently in effect.

YOUR COMPLAINTS

If you believe your privacy rights have been violated or you disagree with a decision regarding your PHI, you should communicate this to me directly. You may also send written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you the address upon request.

Effective Date: This notice will be in effect as of October 1, 2012

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