

BOISE PSYCHOLOGICAL SERVICES

913 S. Latah
Boise, ID 83705
Office: (208) 376-3546
Fax: (208) 376-9792

NOTICE OF PRIVACY

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.

WHY WE ARE PROVIDING YOU WITH THIS NOTICE:

We are required by a federal law known as the Health Insurance Portability and Accountability Act (HIPPA) to give you this notice. This notice will tell you about the ways in which we may use and disclose health information about you and will describe your rights and our obligations regarding the use and disclosure of information.

YOUR HEALTH INSURANCE:

This notice applies to the information and records we have about your health, health status, and the health care service you receive. This information and these records relate primarily to counseling services you have received.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR TREATMENT:

We may use and disclose health information about you to facilitate counseling and other health treatment. For example, we may disclose information about you to another agency, doctor or counselor to determine appropriate care for you.

FOR PAYMENT:

We may use or disclose health information about you so that we can be paid by you, an insurance company, or another party for the services we provided so that the company will pay us for those services.

SPECIAL SITUATIONS:

We may use or disclose your health information without permission for several reasons, which may include the following:

- Disclosing your health information when we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- Disclosing your health information as required by federal, state or local law.
- Disclosing your health information in response to a court order, subpoena, warrant, summons, or similar process.
- Disclosing your health information as required by law to prevent injury or suspected abuse or neglect.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:

Except when otherwise required or authorized by law we will not use or disclose your health information for any purpose without your written authorization at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, but we cannot take back any uses or disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

- You may inspect and copy your health information with certain exceptions.
- If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information.
- You may obtain an accounting of our disclosures of your health information. This is a list of all of our disclosures of your health information for purposes other than treatment, payment and health care operations.
- You have the right to request that we restrict or limit our use of disclosure of your health information to only treatment, payment, or health care operations. We are not required to comply with your request.
- You may request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail.

Please notify us in writing if you do not want to be reminded of your appointment.

IF YOU WANT TO EXERCISE ANY OF THESE RIGHTS, PLEASE CONTACT US IN WRITING AT THE OFFICE WHERE YOU ARE RECEIVING THERAPY.

CHANGES TO THIS NOTICE:

We have the right to change this notice. If we do so, the new notice will apply to the health information we may already have about you and to the health information which we receive in the future. We are required to abide by the most current notice that is in effect. We will post a summary of the most current notice in our office. You are entitled to receive a copy of the most current notice.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint about your health provider with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.