

### **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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Each time you meet with your psychotherapist, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to all of the records of your care generated by Elena Vladu, LMFT.

#### **Psychotherapist Responsibilities**

Elena Vladu, LMFT, is required by law to maintain the privacy of your health information and to provide you with a description of her legal duties and privacy practices regarding your health information. She is required to abide by the terms of this notice and notify you if she makes changes to this notice, which may be at any time.

#### **How Elena May Use and Disclose Medical Information About You**

**Treatment:** I may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. I may disclose your personal health information to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. **Example:** If a psychiatrist is treating you, I may disclose your personal health information in order to coordinate your care. For example, if a referral is made to another health care provider, I may provide oral information and copies of various reports that should assist her or him in treating you.

**Payment:** I may use and disclose medical information about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company.

**Health Care Operations:** I may use and disclose, as needed, your health information in order to support her business activities, including quality assessment, licensing, legal advice, and customer service. For example, I may call you by name in the waiting area when she is ready to see you.

#### **Other Uses and Disclosures**

I may use and disclose your health information in an emergency situation to prevent harm to yourself or others. An example would be mandated reporting of abuse to children, the elderly, a dependent person, or when a judge orders the release of information. Only the minimum amount of information relevant to your health care will be disclosed.

I may create and distribute de-identified health information by removing all references to individually identifiable details.

I may contact you to provide appointment reminders, or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your authorization.

#### **Your Rights**

ELENA VLADU M.S.  
Licensed Marriage and Family Therapist

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to me:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. I am, however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.
- The right to receive confidential communications of protected health information. For example, you can request bills be sent to certain addresses or to limit phone calls to retain privacy.
- The right to inspect and copy your protected health information (as long as this is deemed by me to be in your (or, in the case of treatment of a minor, the minor client's) best interest.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with her office, or with the federal government at the address below, about violations of the provisions of this notice or the policies and procedures of her office. I will not retaliate against you for filing a complaint.

Department of Health & Human Services,  
Office of Civil Rights  
200 Independence Avenue S.W.  
Washington, D.C. 20201.  
1-877-696-6775

If you have any questions about this notice, please contact:

Elena Vladu, LMFT

This notice is effective as of: Feb 1, 2011