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## Mandel Counseling

372 Fullerton Ave. • Newburgh, New York • 12550  
P: (845) 458-8288 • F: (845) 913-9048 • [www.marshamandel.com](http://www.marshamandel.com)

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### **HIPAA Notice of Policies and Practices**

Notice of Policies and Practices to Protect the Privacy of Your Health Information

#### **1. Uses and Disclosures for Treatment and Health Care Operations**

Your protected health information (PHI) may be disclosed for treatment, payment, or health care operations with your written consent. Your “consent” is given when you sign the Consent to Treatment Agreement.

#### **2. Disclosures Requiring Authorization**

PHI may be disclosed for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission for specific disclosures, above and beyond the general “consent.” In those instances when information is requested outside of the purposes of treatment, payment, or health care operations, your written authorization will be obtained prior to releasing this information. Your authorization is also required prior to releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes that are made about our conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

#### **3. Uses and Disclosures Without Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* - If I have reason to believe that a child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If I have reasonable cause to believe an adult who is unable to care for himself or herself, has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse. I must report this belief to the appropriate authorities.
- *Health Oversight Activities* – If I receive a subpoena from any New York State Board for Mental Health Counselors, I must furnish your records relevant to this inquiry.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- *Serious Threat to Health or Safety* – I may disclose PHI to the appropriate individuals if I believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another identifiable person(s).

#### **4. Client's Rights and Counselor's Duties**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. On your request, I will communicate with you at another address.
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may inspect and copy Psychotherapy Notes unless I make a clinical determination that access would be detrimental to your health. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### **5. Complaints**

- If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may discuss this with me at this office.
- You may send a written complaint to my office. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

#### **6. Effective Date, Restrictions, and Changes to Privacy Policy**

- This notice will go into effect on July 1, 2016.
- I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by posting a sign in my office or by mailing it to you at your home address.

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I acknowledge that I have received, read and understand the HIPAA Notice of Policies and Practices.

\_\_\_\_\_  
Signature (client or parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Client, if applicable