



Notice of Privacy Practices

In accordance with the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you are receiving this document. This will inform you how this office handles your privacy with respect to the treatment that you receive. The current policy is in effect April 14, 2003. You will be notified of changes. You may request a copy of this privacy policy at any time, as well as a copy of this notice.

When you enter treatment, information I collect about you and your situation is called USE. If this information is shared outside of my office with someone else, it is called DISCLOSURE. Before any DISCLOSURE can occur, you will need to sign a separate authorization form indicating your consent of information shared with others and to whom the information can be disclosed to. You may revoke this authorization at any time, except to the extent that disclosure has already been made. All information collected about you and your healthcare is the property of this office. In certain circumstances, you may wish to see information collected about you. Should you wish a copy of this information, there may be a copying charge to give it to you. Your right to copy and inspect PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes.

Each time you visit this office, information will be collected on you. This may include past, present, and future information about your physical and mental health. The law calls this information Protected Health Information. For purposes in this office, PHI includes information obtained from you orally and is written down, information you fill out on forms, billing information, medical records, that are sent and received, treatment plans and reviews, progress notes and other forms of information you may share that is collected.

Below is a description of how PHI may be used and shared with others:

Treatment: Information may be disclosed to a healthcare provider providing treatment to you. This includes consultation with clinical supervisors and other treatment team members.

Payment: Health Oversight information may be disclosed to third party payers to obtain reimbursement of services rendered and for utilization review and quality control.

Business Associates: Information may be disclosed to those persons with whom I do business with. Each person would sign an agreement to protect your privacy. Examples include billing agencies, copying services, and storage facilities.

Family and Friends: Individuals that you consent to share in your personal information. In the event of an emergency and you are unable or unwilling to give consent, professional judgment, experience and common sense may allow information to be released to the extent of the law.

37799 PROFESSIONAL CENTER DRIVE STE 106 LIVONIA, MI 48154
2311 E. STADIUM BLVD. STE 212 ROOM 6 ANN ARBOR, MI 48104
25600 WOODWARD AVE STE 105 ROYAL OAK, MI 48067
P- 248-343-4695 F- 248-380-7227



Plan sponsors and payers of treatment: This may include any employer, sponsors of treatment, and outside entities including EAP and insurance companies.

Health Plans: You have the right to pay out of pocket for any service and elect not to bill your healthcare. Disclosure for this service will not be made to your insurance carrier.

Legal Requirements: There may be a time when it becomes necessary to disclose your personal health information as required by the law. This includes cases which involve child and adult abuse, domestic violence, you are involved in a crime and law enforcement requests information, you are a threat to yourself or others, a subpoena or another lawful request is made, to governmental agencies that require that the law is followed, for national security reasons, to a coroner, medical examiner, or funeral director. To a public health agency which documents diseases. (MCLA 333.16648) requires obtaining your consent first to the above disclosures with the exception of a case involving competence of a therapist, a claim for reimbursement of fees, a court order, an identification of a dead body and instances of abuse and suicidal or homicidal instances. We may disclose PHI regarding deceased patients as mandated by state law. Disclosure regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or an identifiable next of kin. Additionally, disclosure may occur in a medical emergency to medical personnel.

Your Rights:

You have the right to be informed with whom your personal health has been shared with, if anyone, and you have certain rights to limit that access if you so wish. (some limitations have been listed above) We are not required to agree with your request unless the request pertains to PHI that you are paying for out of pocket.

If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

You have the right to ask that communication with you be limited outside of sessions (i.e. calling only a cell number for instance) and we may call the designated number for appt. confirmation.

You have the right to amend your healthcare record if you feel information in the record is incorrect or missing, but you must do so in writing and this will be part of your personal health care record. We are not required to agree with this amendment. If your request is denied, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you a copy.

If you have any complaints or problems, you may contact the Privacy Officer at 248-343-4695 (Nancy Dahms Petrides, ACSW). You may also contact the Secretary of The Department of Health and Human Services at 200 Independence Avenue, SW Washington DC 20201 or by calling 202-619-0257. We will not retaliate against you for filing a complaint.

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