

Compass Psychological Services, LLC
Kara Zlotnick, Ph.D., NJ License 4416
216 Maple Avenue
Red Bank, New Jersey 07701
732.778.6360

Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This Notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your Individually Identifiable Health Information (IIHI).

I am required by law to provide you with this Notice. **Please review this Notice carefully** and ask me if you have any questions.

In general, I may not use or disclose IIHI except:

- To you
- With your written consent to carry out treatment, payment, or health care operations
- With your written consent in other circumstances when authorization is required

“Psychotherapy Notes,” defined below, may not be used or disclosed without your specific consent except:

- For use by me (your therapist)
- By me to defend against a legal action or other proceeding brought by you

“Psychotherapy Notes” are defined as notes recorded, in any medium, by a mental healthcare professional documenting or analyzing the contents of a conversation during a private therapy session or a group, joint, or family counseling session, and that are separated from the rest of the individual's medical record. “Psychotherapy Notes” excludes counseling session start/stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

I am required to disclose your IIHI to you, at your request, when your request meets the requirements of a proper request, and to the Secretary of Health and Human Services, when required to investigate or determine compliance with these Regulations. You may ask me for a release form after you have finished your treatment here.

Your privacy is important to me. I will make reasonable efforts to limit any disclosure of IIHI to the minimum information necessary to accomplish the purpose of the use, disclosure, or request.

If New Jersey State Law or other applicable regulations are more stringent than these Regulations, I must follow the more stringent rules with regard to use and disclosure. If these Regulations are more stringent than State Law(s), then I must follow these Regulations.

You have the right to request restrictions on the use or disclosure of your IIHI. In the State of New Jersey's more stringent code, a third-party payer can request administrative and diagnostic information, the status of a patient, reason for continuing psychological services (limited to an assessment of a patient's level of functioning and distress), and a prognosis. I must allow you to request that I restrict use or disclosure for your IIHI:

- To carry out treatment, payment, or healthcare operations
- For our directory, in emergencies, or to family member

Notice of Privacy Practices, continued

If you are not present or available, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency, I may disclose without your consent to the person involved in your healthcare only the protected health information directly relevant to that person's involvement. If I agree to the restrictions, I must document this and abide by it unless the information is needed by another healthcare provider to provide you emergency treatment. I am not required to agree to every restriction you request.

I may use or disclose your IIHI without your written consent or authorization, or without providing an opportunity for you to agree or object:

- When required or otherwise allowed by law
- For public health activities
- For required disclosures about victims of abuse, neglect, or domestic violence
- For law enforcement purposes
- To avert a serious threat to health or safety
- For worker's compensation

You have the right to inspect and copy your IIHI except:

- Psychotherapy Notes
- Information compiled in reasonable anticipation of, or for use in, a civil or criminal proceeding

In rare circumstances, I may deny you access to IIHI, such as:

- If access is reasonably likely to endanger your, or someone else's life or physical safety
- When the information refers to another person and access requested is reasonably likely to cause substantial harm to that other person
- If providing the information to your personal representative is reasonably likely to cause substantial harm to that or another person

In most cases when access is denied, you may request a review of the denial. If you request a review, the review will be completed by a licensed healthcare professional I have designated for this purpose who did not participate in the original decision to deny access. I must abide by that person's determination.

Other uses and disclosures of your IIHI will be made only with your written authorization. You may revoke such authorization at any time, provided you do this in writing, or I have not already acted upon your prior consent, or if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

You have the right to:

- Amend your IIHI
- Receive an accounting of disclosures I make of your IIHI
- Receive a copy of this Notice upon request. This Notice must be available and visible in my waiting room.
- Receive this Notice no later than the first date I provide you with service
- Receive a Revised Notice if a change in Privacy Practices has been applied
- Receive written implemented policies and procedures related to this Notice and Privacy Regulations
- File a complaint with me or with the Secretary of Health and Human Services (www.hhs.gov) if you believe your privacy rights have been violated. I will provide you with forms for filing a complaint.