

## SRI PSYCHOLOGICAL SERVICES, PC

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### NOTICE OF PRIVACY POLICIES AND PRACTICES

This notice describes how psychological and medical information about you may be used and disclosed, and how you can access this information. *Please read carefully.*

#### **I. Uses and Disclosures**

SRI Psychological Services may *use* or *disclose* your protected health information for treatment, payment, and health care operations purposes with your consent. “*Use*” applies only to activities within this group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you. “*Disclosure*” applies to activities outside of this group, such as releasing, transferring, or providing access to information about you to other parties.

#### **II. Uses and Disclosures Requiring Authorization**

In those instances when SRI is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing the information. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization, or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

#### **III. Uses and Disclosures with Neither Consent nor Authorization**

SRI may use or disclose protected health information without your consent or authorization in the following circumstances: (1) child abuse, (2) adult and domestic abuse, (3) serious threat to health or safety of self or other person(s), (4) worker's compensation, and (5) judicial or administrative proceedings and as required by law.

#### **IV. Questions and Complaints**

If you have questions about this notice or if you believe your privacy rights have been violated, you may contact Taylor Schwartz, Office Manager, at the above number. You may also direct your written complaint to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

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

This notice will go into effect immediately. If SRI changes the terms of this notice, we will provide you with a revised notice.

### RIGHTS REGARDING PRIVACY

The law provides you with rights regarding your records and disclosures of protected information. These rights include:

- (1) **Right to inspect** and copy the information that may be used to make decisions about your care. You must submit your request in writing and you may be charged a fee for copying and mailing. If we deny your request we must do so in writing.
- (2) **Right to amend** records you feel may be incorrect or incomplete. The request must be made in writing and you must provide a reason to support your request. We may deny your request if we believe the record is already complete or accurate.
- (3) **Right to requesting an accounting** of most disclosures of protected health information that you have neither consented to nor authorized. Request must be made in writing
- (4) **Right to request limits** on what information is used and disclosed about your treatment, payment or health care operations or to someone who is involved with your care or the payment of your care. We are not required to agree to your restriction request. Your request must be in writing and must tell what information you want to limit, whether you want to limit use or disclosure or both, and to whom you want the limits to apply.
- (5) **Right to request confidential communication**, or the right to request that we communicate with you about professional matters in a certain way or at a certain location (for example, only at work or via phone). The request must be made in writing but you do not need to provide us with a reason for your request.
- (6) **Right to request a paper copy** of this notice, even if you have agreed to receive this notice electronically.

Provide copy of this form to patient.