

Your Rights, Your Choices, Our Responsibilities

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.**

Your Rights

You have the right to:

- Receive copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

► *See page 2 for more details about these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Provide mental health care
- Tell family and friends about your condition
- Market our services and sell your information
- Raise funds

► *See page 3 for more details about these choices and how to exercise them*

Attune's Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

► *See pages 3 and 4 for more details about these uses and disclosures*

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you, at any time during treatment.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You may ask us to correct health information about you that you think is incorrect or incomplete, at any time during treatment.
- We may or may not honor your request but will give you an explanation within 60 days of the request.

Ask us to limit what we use or share

- You may ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and in certain cases may say “no” if it would adversely affect your care.

Get a list of those with whom we’ve shared information

- You may ask for a list (accounting) of the times we’ve shared your health information during treatment, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act on your behalf

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you feel your rights are violated

- You may complain if you feel we have violated your rights by contacting us using the information on page 1.
- You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Your Choices

You have some choices in the way we use and share your information:
The information disclosed by you in therapy is generally confidential and will not be released to others without your written consent.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- *We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, and you have the right to refuse such efforts

Attune's Uses & Disclosures

Here's how we may use and share information.

In all cases, you agree or not by signing a release of information.

Treat you

- We can use your health information and share it with other professionals who are also treating you.

Example: *A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: *We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: *We give diagnostic information about you to your health insurance plan so it will pay for your services.*

Continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Reporting suspected child and elder abuse, neglect, or domestic violence
 - Reporting adverse reactions to medications
 - Preventing or reducing a serious threat to anyone’s health or safety

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Address workers’ compensation, law enforcement, and other government requests

- We may use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.



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Attune's Responsibilities

- We are required by law to maintain the privacy and security of your protected health information. You will be contacted promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless it is stated in writing by you.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective – May,2019

This Notice of Privacy Practices applies to the following organizations.

Jackie Stephens, LMFT @ Attune LLC @ 161 East Avenue, Suite 14C, Norwalk CT 06851



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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This document is to be signed by a person legally responsible for the client’s medical decisions relative to the treatment situation.

I, _____, hereby acknowledge that Jackie Stephens, LMFT at Attune LLC, has either offered me or provided me with a copy of the Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact Jackie Stephens, LMFT at Attune LLC.

I also understand that I am entitled to receive updates upon request if Jackie Stephens, LMFT amends or changes the Notice of Privacy Practices in a material way.

Signature

Relationship to Client, if signed by someone other than client

Date

Name(s) of Client(s) _____
