

**Cindy McCormack, LCSW
2290 East Avenue
Rochester, N.Y. 14610**

NOTICE OF PRIVACY PRACTICES

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**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.**

My Duties

I am required by law to maintain the privacy of your medical information and to provide you with notice of my legal duties and privacy practices. I am required to abide by the terms of the Notice of Privacy Practices currently in effect.

Permitted Uses and Disclosures

I may use and disclose your medical information in the ordinary course of my business. I have described some of these uses and disclosures in the following paragraphs:

Treatment: I will provide your doctor or other health care provider with the results of the counseling/mental health evaluation if you sign a consent for me to do this. I may contact you before the appointment to remind you of your appointment or to talk with you about an appointment. I normally call you at the contact number you provide me. If you are not available or your voice mail answers, I will leave a brief message asking you to contact me.

Payment: I will bill your insurance company, you directly, or another person that may be responsible for payment of your account. I may need to contact your health plan to see if they will pay for the appointment you or your doctor has requested. Throughout this process, I may have to release details of your counseling if your health plan or other payer requires this information to make payment.

Health Care Operations: I often have to use specific patient information to conduct my normal business operations. For example, I may need to supply information to other contracted services to add in my business operations, such as, billing services, transcription services or collection services. I routinely review counseling records to maintain quality assurance goals. One type of review I may conduct includes supervision from another therapist. In addition, I may use specific patient information to demonstrate my skills to an accreditation body. Accreditation is important to my patients and me because the process causes us to demonstrate some degree of proficiency in conducting counseling.

Disclosures without Authorization

Disclosures Required by Law: I may be required by federal, state, or local law to disclose your medical information.

Public Health Activities: I may disclose your medical information to a public agency. For example, a provider might contact the Food and Drug Administration (FDA), if you experience an adverse effect from any medications.

Victims of Abuse, Neglect, or Domestic Violence: I may be required to disclose your medical information if I feel that you have been abused or neglected or suspected abuse or neglect of a child or elderly person.

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Health Oversight Activities: I may be required to disclose your medical information to Medicare or a related agency if they select your case for a medical review.

Judicial and Administrative Proceedings: I may have to disclose your medical information if I receive a subpoena from a judge or administrative tribunal.

Law Enforcement: I may have to disclose your medical information in conjunction with a criminal investigation by a federal or state law enforcement agency.

Incidental Disclosures: Disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosure of your health information. For example, during the course of your visit, other clients in the area may see or overhear discussion of your health information.

Serious Threats of Health or Safety: I may be required to disclose your medical information if, in my opinion, doing so will help avert a serious threat to the public.

Military Personnel: I may disclose your medical information to the appropriate command authorities.

Worker's Compensation: I may disclose your medical information to comply with laws regarding worker's compensation.

Patient Rights

You have certain rights with respect to your medical information,

Requesting Restrictions: You may ask me to limit my use or disclosure of your protected health information. I am not required to agree to your request, but if I agree to it, I will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you. Your request must: 1) be in writing 2) describe the information that you want restricted, 3) state if the restriction is to limit my use or disclosure, and 4) state to whom the restriction applies. You may revoke your restriction at any time by contacting me. I may ask to reschedule your appointment while I consider your request.

Confidential Communications: You may ask that I communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request must be in writing, tell me how you intend to satisfy your financial responsibility, and specify an alternate way that I can contact you confidentially. You do not have to give a reason for your request. In certain circumstances, I may require payment in full at the time you have your appointment. You may revoke your request at any time by contacting me. I may ask to reschedule your appointment while I consider your request.

Inspect and Copy: You may request access to inspect and copy your medical information maintained in my records, including medical and billing records. Your request must be in writing. I will act on your request for copies within 30 days after I get it. I will act on your request to inspect your records within 10 days of receipt of the request. If I must deny your request, I will send you a written denial. If this happens, you may request a review of the denial. I may charge you a fee for providing copies. If that is the case, I will advise you of the cost of those copies at the time that I arrange for you to pick them up or have them delivered to you. I will compute these fees based on state guidelines. You may also have to pay for the cost of postage or shipping, depending on how you ask that I get these copies to you. I may not be able to deny your request for copies based on your inability to pay for them.

Amendment: You may ask me to amend your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must include a reason to support the amendment. Your

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request may be denied if we believe that the information is complete and accurate, if the information is not part of the medical information that you would be permitted to inspect or copy, or if I did not create the information. You may also write a brief statement about the accuracy of our records and ask that I make it part of the medical record.

Accounting of Disclosures: You may request a list of non-routine disclosures that I have made of your medical information over the previous six (6) years. This does not include disclosures I make for your treatment, to seek payment for my services, or for my normal business operations as noted in the section on permitted uses and disclosures, or for those you authorize in writing. You may not request an accounting for dates of service prior to April 14, 2003. Your first request within a 12-month period is free, but I may charge for additional lists within the same 12-month period.

Paper Copy of This Notice: You are entitled to receive a paper copy of my Notice of Privacy Practices.

File a Complaint: If you believe that I have violated your privacy rights, you may file a complaint directly with me. You may also file a complaint with the Secretary of the Department of Health and Human Services. I will not penalize you for complaining.

Patient Authorizations for Certain Disclosures:

I will request your written authorization for uses and disclosures of your medical information that I did not identify in this notice or for those not otherwise permitted by law. These disclosures include your requests to provide counseling records to your attorney, for records related to life insurance or disability insurance applications, or for pre-employment reasons, among others. You may revoke your authorization in writing at any time by contacting me.