



Amy Allen Meyer, P.A.

Where families find hope

Licensed Professional Counselor
Registered Play Therapist–Supervisor
National Certified Counselor

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Notice of Privacy Practices

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice is effective June 1, 2005.

I am required by law to maintain the privacy of protected health information and am committed to treating and using protected health information about you responsibly.

Use and disclosure of protected health information for the purposes of providing services is required at times. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

When you receive treatment or services from me, Amy Allen Meyer, P.A., I will create health information about you. This information can include you/your child's past, present or future physical and/or mental health condition, the diagnosis and treatment plan for you/your child.

I am required to abide by the terms of the Notice of Privacy Practices that is the most current. I have the right to change the terms of the Notice at any time and if I do, will have copies of the new notice at my office and on my web site at amyallenmeyer.com. The new notice may apply to all health information I have, no matter when I received it.

I may not make, use or disclose any information from your record unless you give your written authorization, except as described in this Notice. You may revoke an authorization in writing at any time, but it will not affect any use or disclosure made by me before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insured may have the right to contest the policy or a claim under the policy even if you revoke the authorization.

How Amy Allen Meyer, P.A. May Use and/or Disclose Protected Health Information

I may use the information in your record as a basis for planning your care and **treatment**. I may disclose information in your record to help you get health care services from another healthcare provider, such as a hospital, family physician or psychiatrist. I may consult with another professional about your case.

I may disclose information from your record to obtain **payment** for the services you receive. .

I may also use and disclose your protected health information for certain **healthcare operations**. I may share that information with separate entities to provide services for me. These Administrative Services Providers may require your health information in order to accomplish the tasks that I ask them to provide, provided I have a written contract with them that prohibits them from disclosing your protected health information. Some examples of these Administrative Services Providers might be billing services, collection agencies, answering services and computer software/hardware providers. Your protected health information may also be used for staff training and improving services.

Your Rights

You may request restrictions on how your protected health information will be used and disclosed. However, I do not have to agree to the restrictions.

You have a right to receive confidential communication from me. If you request to receive communications by alternative means or at an alternative location, your request must be made in writing.

You have a right to inspect and obtain a copy of your health record with very limited exceptions. Your request must be made in writing and access or denial will be provided within 30 days.

You may also request to have the recorded amended. You can ask me to limit some of the ways I use or share your health information. I will consider the request, but the law does not require I have to agree to it. This request must be in writing.

You have the right to receive an accounting of certain disclosures made by me.

You have the right to receive a copy of this Notice of Privacy Practices.

Other Permitted Uses Required/Allowed Without Your Permission

I may disclose your protected health information without your permission. I will use my professional judgment before doing so. I will do so to the extent that the use or disclosure is required by law.

I may disclose your protected health information if I believe that you or your child has been a victim of child abuse or neglect.

I may disclose your protected health information to medical or law enforcement personnel if you or others are in danger.

I may disclose information for research with certain limitations and conditions.

I may disclose your protected health information in and criminal or civil proceedings if a court or judge has issued an order or subpoena that requires me to do so.

I or my Administrative Services Provider may use your information to remind you about upcoming appointments.

Complaint Process

You have the right to complain to me about my privacy practices (including the actions of my Administrative Services provider) at 972.335.3933 with respect to the privacy of your health information. You have the right to complain to the Secretary of the Department of Health and Human Services at 1-800-369-1019 about my privacy practices. You will not face retaliation from me for making such complaints.

Please sign below indicating that you understand the terms of this Agreement and have either received or downloaded a copy.

Child

Parent Signature

Date