

## 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.*

### **Duties to you regarding Protected Health Information**

Protected Health Information is individually identifiable health information that relates to your past, present, or future physical or mental health or condition and related health care services.

Law requires the following:

1. Protected Health Information must be kept private.
2. You must be given this notice of legal duties and privacy practices related to the use and disclosure of your Protected Health Information.
3. Terms of the notice currently in effect must be followed.
4. Any changes made in this notice will be communicated to you.

### **Changes to this notice**

We may change our policies at any time. Therefore, we reserve the right to also change this notice. Changes will apply to health information we already hold as well as new information we receive after the change occurs. Should any changes occur, you will be notified. You will be offered a copy of the current notice and will also be asked to acknowledge in writing your receipt of this notice.

### **How we may use or disclose your Protected Health Information**

**In the following cases, we may release your Protected Health Information without your authorization:**

1. If a client voices a threat against a specific individual or group, that individual or person responsible for the group (e.g. school principle if the threat was made against a school) must be notified. Police may be notified if the intended victim cannot be contacted. [Practitioners have a duty to warn.]
2. If a client reveals that child abuse may have taken place, the NJ Division of Child Protection and Permanency must be notified [10:37-108(b)]
3. If a client reveals abuse or exploitation in a rooming/boarding/nursing home, this shall be reported to the County Welfare Agency [10:37-108(b)]
4. Information may be shared with another mental health agency in accordance with HIPAA [10:37-6.79(a)1]
5. If a judge orders the release of information to a court [10:37-6.79(a)2]
6. If a client is psychiatrically evaluated by a psychiatric screening center, information may be released to the screening center staff to facilitate the evaluation [10:37-6.79(a)3]
7. To comply with any Federal or State law requiring the release of information [10:37-6.79(a)3]
8. When the Office of Licensing conducts a review, a client's clinical record may be reviewed [10:37-6.79(b)2]
9. An accreditation reviewer may look at a consumer's record [10:37-6.79(b)3]
10. If officials within the offices of the State Medical Examiner or a County Medical Examiner making investigations and conducting autopsies request the information [10:37-6.79(b)4]
11. Non-specific information may be provided to a family member or friend if the consumer does not object [N.J.A.C. 10:37-6.79(e)]

12. To a consumer's personal physician to benefit the consumer [N.J.A.C. 10:37-6.79(f)]
13. Medication information may be released to the client's pharmacy
14. Release of information about any client under the age of 18 requiring authorization will be determined by the client's parent or guardian

**The following uses and disclosures will be made only with your written authorization:**

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of Protected Health Information;
- Most uses and disclosures of psychotherapy notes (if the covered entity maintains psychotherapy notes)
- Other uses and disclosures not described in the notice will be made only with your written authorization.
  - If you choose to authorize use or disclosure, you may later revoke that authorization by notifying us in writing of your decision.

**Special protections for HIV, alcohol and substance abuse, mental health, and genetic information**

Special privacy protections apply to HIV related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this Notice of Privacy Practices may not apply to those types of information.

**Your rights regarding your Protected Health Information**

- In most cases, **you have the right to look at or get a copy of your Protected Health Information** that we use to make decisions about your care for as long as we maintain this information. If you request a copy of your record, we may charge a fee for the cost of copying, mailing, or other related supplies and we will advise you of the exact fee. If we deny your request to review or obtain a copy of your Protected Health Information you may submit a written request for review of that decision.
- If you believe that the information we have about you is incorrect or incomplete, **you have the right to request an amendment of your records**, in writing, that provides your reasons for this request. We may deny your request for amendment if the information was not created by our agency, if it is not part of the information that is maintained by us, or if we determine that the information is correct. You may appeal, in writing, a decision by us not to amend your record.
- **You have the right to an accounting of disclosures we have made of your Protected Health Information.** This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices and excludes disclosures made to yourself. The accounting will only include disclosures made on or after April 14, 2003, and no more than 6 years prior to the date of your request. The first accounting request in a 12-month period is free of charge, other requests will be charged according to the cost of producing the information. You will be informed of the cost at the time of your request.
- **You have the right to obtain a copy of this Notice** whether or not you have received this notice electronically.
- **You have the right to request that your Protected Health Information be communicated to you by alternative means**, such as using an address or phone number other than your own. Requests must be in writing. We will accommodate reasonable requests when possible.
- **You have the right to request that we restrict disclosures of protected health information to health plans if you have paid for services out of pocket in full.** We are required to agree to such request, if the request is to restrict disclosures to a health plan for payment or health care operations purposes; if the request is not otherwise required by law; and if the PHI at issue pertains solely to a health care item or service for which payment has been made in full by the individual or a third party other than the health plan. Such restrictions do not override disclosures that are otherwise required by law.

- **You have the right to request, in writing, that we not disclose any part of your Protected Health Information for treatment, payment, healthcare operations, or to persons involved in your care, except when specifically authorized by you, when required by law, or in an emergency. We will consider your request, but we are not obligated to accept it, except as described above. You will be informed of our decision regarding your request.**

#### **Breach**

- In the event that there is a breach of your unsecured PHI, you will be notified, as required by law.

#### **Complaints**

- If you believe that your privacy rights have been violated, you may file a written complaint with the U.S. Department of Health and Human Services' Office of Civil Rights.
- **Under no circumstances will you be retaliated against for filing a complaint with the Office of Civil Rights.**

**I have received a copy of the Notice of Privacy Practices. This notice contains important information regarding my privacy rights as well as how my Protected Health Information may be uses and/or disclosed.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_