

Privacy Practices of Bruce A. Dodson LPC

This notice describes how health information about you may be use and disclosed. It also explains how you can get access to your information. Please review it carefully. The privacy of your health information is important to me.

My Legal Duty

I am required by applicable federal and state law to maintain the privacy of your mental health information. The federal Health Insurance Portability and Accountability Act (HIPPA), implemented in 2003, set a national standard for privacy of health information. My office strictly adheres to the guidelines established by HIPPA, as well as all other state and federal laws pertaining to your privacy.

You may request a copy of our notice at any time. For more information about my privacy practices, or for additional copies of this notice, please contact me.

Uses and Disclosures of Health Information

I use and disclose health information about you for the treatment and payment purposes only. For example:

Treatment: In an emergency, I may use or disclose your mental health information to a physician or other healthcare provider for your protection and the protection of others.

Payment: I may use and disclose your mental health information to obtain payment from a third-party provider for services I provide to you.

Your Authorization: In addition to the use of your mental health information for treatment, payment or healthcare operations, you may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your mental health information for any reason except those described in this notice.

To your Family: Family members will not have access to your mental health information unless you give me authorization or in case of any emergency. In the case of a minor, mental health information will only be released for the purpose of payment, scheduling, or an emergency, or for therapeutic purposes at the therapist's discretion. Only a custodial parent or legal guardian can have access to this information.

Marketing Health Related Services: I will not use your mental health information for marketing communications without your written authorization.

Legal Subpoenas: Your mental health records will not be released by an attorney's subpoena unless I receive written consent from you. Under circumstances in which you were seen by me with your spouse, records that pertain to your sessions as a couple cannot be release without consent from each individual.

Abuse or Neglect: I may disclose your health information to appropriate authorities if I reasonably believe that you, or a minor in your care, are a possible victim of abuse or neglect. I may disclose your mental health information to the extent necessary to avert a serious threat to your health or safety or the health of others. I may disclose your mental health information if I have reasonable cause to believe that you are the perpetrator of child abuse or neglect.

National Security: I am required by law to disclose to authorized federal officials mental health information that represents a threat to national security.

Patient Rights

Access: You have the right to obtain copies of your mental health information and records. You must make a request in writing to obtain access to your mental health information. You may obtain your records by submitting a written request to my office.

Disclosure: You have the right to be informed of instances in which your mental health information or records are disclosed, if for reasons other than treatment or payment.

Restriction: You have the right to request that I place additional restrictions on our use or disclosure of your mental health information. I am not required to agree to these additional restrictions, but if I do, I will abide by our agreement except in the case of an emergency.

Amendment: You have the right to request that I amend your mental health information. Your request must be in writing explaining why the information should be amended. I may deny your request under certain circumstances.

_____ : Initials indicating that you have read and understand the Privacy Practices document.

