



**Rachel Lynn Golden, Ph.D.**  
*Licensed Clinical Psychologist*  
646.460.0097  
dr.rachelgolden@gmail.com  
[www.rachellynngolden.com](http://www.rachellynngolden.com)

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## I. Privacy and the laws about privacy

Privacy is a very important concern for all those who come to this office. It is my duty to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your protected health information (PHI) private and to give you this notice about our legal duties and our privacy practices. I will obey the rules described in this notice. If I change our privacy practices, they will apply to all of the PHI I keep. You or anyone else can also get a copy from me at any time.

This notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. Because the rules that outline privacy are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, I will be happy to help you understand my procedures and your rights.

## II. What I mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information I collect from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in our office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well your treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received services from me, which I billed to you.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy, I can make one for you (but I may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some rare situations I don't have to agree to do that.

### III. Patient's Rights

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am legally not required to agree to your request for a restriction. You may not limit the uses and disclosures that I am legally required or allowed to make.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send written communications to another address.)
- Right to Amend – If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to provide a written request for an amendment of PHI for as long as the PHI is maintained in the record. I will respond to this written request within 2 weeks. I may deny your request in writing if the PHI is (1) correct and complete, (2) not created by me, (3) not allowed to be disclosed, or (4) not part of my records.
- Right to notice of breach- If there is a breach of your unsecured health information (which generally means your health information is not encrypted or otherwise can be read by anyone who looks at it), I must notify you that this has occurred.
- Right to a Paper Copy – You have the right to obtain a paper copy of your PHI from me upon request. This request must be made in writing, and I will respond within 2 weeks of receiving your written request. In certain situations, such as foreseeable harm, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have the denial reviewed. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the associated cost (see "Agreement") in advance.

## IV. How your protected health information can be used and shared

Primarily, I may use your protected health information (PHI) for the purposes of treatment, payment, or healthcare operations with your consent.

### USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

If I want to use your information for any purpose besides those described above, I need your permission on an authorization form. I don't expect to need this very often. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission.

Situations that require your consent include:

a) For treatment. I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.

I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

b) For payment. I may use your information to obtain reimbursement for your health care. I may have to disclose information to your insurance company, for example, in order to help you obtain reimbursement or verify coverage.

c) For health care operations. I may need to disclose your PHI for health care operations, such as managing my practice, business-related matters, audits, administrative services, case management, and care coordination

d) For appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, please let me know.

e) For treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

### USES AND DISCLOSURES THAT DON'T REQUIRE YOUR AUTHORIZATION

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this.

a) When required by law

There are some federal, state, or local laws that require us to disclose PHI:

- I have to report suspected child abuse and adult and domestic abuse
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena,

discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.

- If I am the subject of an inquiry by any of governing boards of the NY State Office of Professions, I may be required to disclose protected health information regarding you in proceedings before the Board.

b) For law enforcement purposes

- I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal

c) For public health activities

- I may disclose some of your PHI to agencies that investigate diseases or injuries.

d) Relating to decedents

- I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e) For specific government functions

- I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f) To prevent a serious threat to health or safety

- If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

#### USES AND DISCLOSURES WHERE YOU HAVE AN OPPORTUNITY TO OBJECT

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them, about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

If it is an emergency, and I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.

#### AN ACCOUNTING OF DISCLOSURES I HAVE MADE

When I disclose your PHI, I may keep some records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures

#### QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at:

US Department of HHS Government Center John F. Kennedy Federal Building – Room 1875

Boston, MA 02203

Telephone: 617-565-1340

Fax: 617-565-3809

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by sending it to you through email or to the address you provided.