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Notice of Privacy Practices – Short Version

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 commitment to your privacy

My practice is dedicated to maintaining the privacy of your personal health information. I am required by law to do this. These laws are complicated, but I must provide you with important information. This handout is a shorter version of the full, legally required NNP which you received along with this, so refer to it for more information. However, this brief handout can't cover all possible situations, so please talk me (in the Privacy Officer capacity) about any questions or problems.

I will use information about your health which I get from you or from others mainly to provide you with **treatment**, to arrange **payment** for my services or for some other business activities which are called, in the law, health care **operations**. After you have read this NNP I will ask you to sign a **Consent Form** to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

If you or I want to use or disclose (send, share, release) your information for any other purposes, we can discuss this and you will be asked to sign an Authorization to allow for this.

Of course, I will keep your health information private but there are some times when the laws require me to use or share it such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization who is able to help prevent or reduce that threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires to do so.
4. For Workers Compensation or other benefit programs.

There are some other situations like these which don't happen very often. They are described in the longer version of the NNP.

Your rights regarding your Health Information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records, and my notes. You can even get a copy of these records, but I may charge you. Contact me to arrange how to see your records.
4. If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and mail it to me. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this NNP I will post in the waiting room and you can always get a copy of this NNP from me.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have any questions regarding this notice or my health information privacy policies, please contact me by phone at 724-283-1593.

The effective date of this notice is April 14, 2003