**Northern Berks Psychological Services**

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Notice of Privacy Practices

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

I am committed to protecting the privacy of your health information. However, there are circumstances when I will need to use or disclose your health information. I cannot describe every possible use and disclosure of your health information in this notice, but I will try to give you some idea of your rights for privacy and when your health information will need to be shared. The following are two situations that are often discussed when choosing to engage in psychotherapy.

* When there is a serious threat to your health and safety or the safety of another individual or the public. Your information will only be shared with a person or facility that is able to help prevent or reduce the threat.
* If you are not paying privately for services, the insurance company or other payment source may request details about your health information.

Your Rights for Privacy:

You have control over your health information. The following list attempts to outline how you can assert that control.

1. You may ask to see or obtain an electronic or paper copy of your medical record and any other health information about you. Upon your request, this can be provided within thirty days.
2. If you believe the information in your health record is incorrect or information is missing, you may ask me to make changes to your health information. Please send me this request in writing and include why you believe this change should be made.
3. You may direct how I contact you about your health information and details related to treatment. For example, you may ask me to call you at home rather than at work to cancel or reschedule an appointment.
4. You may request that I not use or share certain health information for treatment, payment, or operational purposes (licensure, quality control). However, I may not be able to comply with your request.
5. You are able to request a summary of when and to whom your health information was disclosed once a year for no cost. Additional requests may be associated with a fee.
6. You may have given another person medical power of attorney or may be acting as your legal guardian. If you give that person authority to act for you, I will respect your request.
7. Even without being given legal authority, you may ask me to share information with a family member, close friend, or others responsible for your care. This may involve signing a release of information, but I will work with you to establish continuity of care.

There may be situations when you may be required to share your health information. This may include, but is not limited to the following situations. You will be notified when your health information is being requested.

1. To obtain workman’s compensation or similar programs that provide benefits for work related injuries.
2. If you are involved in a lawsuit or legal dispute and a court order or subpoena requests your health information.
3. Under certain situations, law enforcement may request information about you.
4. A coroner, medical examiner, or funeral director may need details of your health information.
5. If you are in the armed forces, foreign military personnel, or other government role, your health information may be requested.
6. Your medical information may be disclosed if it is a by product of any of the use disclosures described above and it could not be reasonably prevented.
7. We may use or disclose certain information that does not directly identify you for research, public health, or health care operations if the recipient of that information agrees to protect the information.

Certain types of health information are subject to more stringent protection under state law than those described above. For example, mental health records, HIV related information, and information about drug and alcohol abuse or dependence are subject to special protections.

Even if you agree to review this form electronically, you may ask for a paper copy at any time.

The terms of this notice can be changed and will apply to all of your medical information. If we change our notice, you may obtain a copy of the revised notice by requesting it in person or by sending a written request.

I will let you know promptly if a breach occurs that may have compromised the privacy of your health information.

If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint, contact me in writing.

For more information, go to the following link:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

This notice was issued September 27, 2020