

This Notice of Privacy Practices addresses how Sam Gollub Psychotherapy PLLC may use and disclose your Protected Health Information (PHI) and how you can access this information. Please review this notice carefully.

Protected Health Information

Your health record contains personal information about you and your health. This information may identify you and relates to your past, present or future physical or mental health/condition and related health care services and is collectively referred to as Protected Health Information (PHI). This notice describes how Sam Gollub Psychotherapy may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), regulations put into law under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you can access and control your PHI. By signing this notice, you acknowledge that you have received or been offered Sam Gollub Psychotherapy's Notice of Privacy Practices. Any questions or concerns may be directed to your therapist.

Use and Disclosure of information

Your health record is confidential and cannot be disclosed without your written authorization except as authorized by law. Sam Gollub Psychotherapy must keep your health record for a time period required by law and then may dispose of such records as permitted or required by law. By signing this notice, you authorize the release of your health record for the following purposes.

For treatment: your PHI may be used and disclosed by your therapist for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisor, Dr. Alycia DeGraff, LMFT-S or peers in their group supervision. Your PHI will only be disclosed to any other consultant with your authorization.

For payment: your PHI may be used and disclosed to assist you in obtaining reimbursement for the services provided to you. Payment for services at Sam Gollub Psychotherapy is due at the time of service. If it becomes necessary to use collection processes due to outstanding payments, only the minimum amount of PHI necessary for the purposes of collection will be disclosed.

Required by law: under the law, we must disclose your PHI to you upon your request. Your clinical notes will not be disclosed to you without a

Additionally, disclosures may be made to the Secretary of the Department of Health and Human Services to investigate or determine Sam Gollub Psychotherapy's compliance with the requirements of the Privacy Rule.

There are a limited number of situations in which applicable law and ethical standards permit your therapist to disclose information about you without your authorization. These situations are as follows.

Child abuse or neglect: your PHI may be disclosed to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Elderly or disabled person abuse or neglect: your PHI may be disclosed to a state or local agency that is authorized by law to receive reports of elderly or disabled people's abuse or neglect.

Suicidal ideation: your PHI may be disclosed to the police if you threaten suicide and are unable or unwilling to commit to a safety plan with your therapist. If your therapist deems it necessary to seek hospitalization on your behalf, they will make every effort to discuss this with you before taking any action.

Judicial subpoena: your PHI may be disclosed pursuant to a judicial subpoena or similar process, as required by law.

Deceased patients: PHI regarding deceased patients may be disclosed as mandated by state law, or to a family member that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than 50 years is not protected under HIPAA.

Medical emergencies: your PHI may be disclosed in a medical emergency situation to medical personnel only to prevent serious harm. Your therapist will try to provide you with a copy of this notice as soon as reasonably possible after the emergency has been resolved.

Family involvement: information may be disclosed to close family members or friends directly involved in your treatment based on your consent or where necessary to prevent serious harm.

Law enforcement: your PHI may be disclosed to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order, or similar document, for the purposes of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized government functions: your therapist may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws, or the need to prevent serious harm.

Public safety: your PHI may be disclosed if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal permission: your therapist may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With authorization: uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that your therapist has already made a use or disclosure based upon your authorization.

Electronic Sharing of Medical Information

You authorize Sam Gollub Psychotherapy to use your PHI for treatment, payment, and healthcare operations (collectively referred to as "Purposes"), or as otherwise allowed by law. I acknowledge that Sam Gollub Psychotherapy will release and send, electronically or otherwise, your PHI to third parties for the Purposes set forth above, or as otherwise allowed by law.

By signing below, you acknowledge that you have read and understand the above information for Protected Health Information and have received Sam Gollub Psychotherapy's Notice of Privacy Practices.

Name of Client

Date of Birth

Signature of Client/Parent or Legal Guardian

Printed Name of Client/Parent or Legal Guardian

Relationship to Client

Date

Parent or Legal Guardian must sign if Client is under 18 years of age.