

NOTICE OF PATIENT PRIVACY PRACTICES

(Effective April 14, 2003 under Federal Law)

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.

If you have any questions about this Notice, please contact my office at 973 376-5511.

Each time you visit a healthcare provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all of the records of your care generated by me.

Psychologist's Responsibilities

By law your physician is required to maintain the privacy of your health information and to provide you with a description of privacy practices regarding your health information. In addition, I will provide you with a copy of this notice and request you acknowledge with your signature.

I am required by law to abide by the terms of this Notice and to notify you if I make any changes to this Notice, which may be at any time. Changes to the Notice will apply to your medical information that I already maintain as well as new information received after the change occurs. If I change this Notice, you may request that a revised Notice be sent to you in the mail, or you may ask for one at the time of your next appointment or appropriate visit. This Notice will also serve to advise you as to your rights with regard to your medical information.

How Your Medical Information May Be Used

The following categories describe examples of the way we use and disclose medical information:

For Treatment: Your medical information may be provided to a physician to whom you have been referred so as to ensure that the physician has appropriate information regarding your previous treatment and diagnosis.

For Payment: Medical information about your treatment and services may be used to bill and collect payment from you, your insurance company or a third party payer. For example, I may need to give your insurance company information before it approves or pays for the health care services recommended to you. The insurance company may use that information in connection with making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For Health Care Operations: Information may be disclosed in order to support business activities. These activities may include, but are not limited to legal advice, accounting support, billing and collection services, and conducting or arranging for other business activities. In addition, I may also call you by name in the waiting room when it is time for your appointment.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent

Authorization Or Opportunity To Object I also may use and disclose your health information as set forth below. You have the opportunity to agree or object to the use or disclosure of all or part of your health information in these instances.

Individuals Involved in Your Care or Payment for Your Care Unless you object in writing, I may release medical information about you to a friend or family member (that you have previously assigned to receive information) who is involved in your medical care or who helps you pay for your care.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

Health information may be disclosed in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

1. As required by law. I may use and disclose health information to the following types of entities including but not limited to:
 - a. Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
 - b. Correctional Institutions
 - c. Workers' Compensation Agents
 - d. Military Command Authorities
 - e. Health Oversight Agencies
 - f. National Security and Intelligence Agencies
 - g. Authority that receives reports on abuse and neglect

2. Law Enforcement/Legal Proceedings: I may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Your Health Information Rights

Although your health record is the physical property of Dr. Ilyse O'Desky, you have the right to **request a copy of the report analyzing the findings of the evaluation.**

If you feel that the information in the report is incorrect or incomplete, you may ask to have the report amended by submitting a request in writing. Your request for an amendment may be denied and if this occurs, you will be notified of the reason for the denial.

Request Restrictions: In certain situation you may have the right to request a restriction or limitation on the information disclosed about you to someone who is involved in your care or the payment of your care, like a family member or friend. Please submit this type of request in writing.

I am not required to agree to your request but if I do agree, I will comply with your request unless the information is needed to provide you with emergency treatment.

Request Confidential Communications: You have the right to request that I communicate with you about treatment matters in a certain way or at a certain location. I will agree to the request to the extent that is reasonable for me to do so. For example, you can ask that I use an alternative address for billing purposes. Please submit these requests in writing.

A Paper Copy of this Notice: You have the right to a paper copy of this Notice. You may ask for a copy of this Notice at any time. Copies of this Notice will also be available in my office.

*****To exercise any of your rights, please obtain the required forms from the office staff and submit your request in writing; verbal requests will not be honored. In addition, the signature on said forms must match the signature obtained on the patient registration form to be honored.**

Complaints: If you believe your privacy rights have been violated, you may file a complaint by calling (973) 376-5511 or by contacting the Secretary of the Federal Department of Health and Human Services. All complaints must also be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information: Other uses and disclosures of treatment information not covered by this Notice or the laws that apply will be made only with your written permission. If you give permission to use or disclose treatment information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, I am unable to take back any disclosures I have already made with your permission and I am required to retain your records for seven years.