Notice of Privacy Practices
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW THIS INFORMATION CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information "PROTECTED HEALTH INFORMATION" used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. The federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your healthcare records for the purposes of treatment, payment and healthcare operations.

Treatment means providing, coordinating, or managing healthcare related services by one or more healthcare providers. Examples of treatment would include psychotherapy, medication management, etc.. Payment means such activities as obtaining reimbursement for services, firming coverage, healing art collection activities, and utilization review. An example of this would be billing your insurance company for your services mama or third party person responsible.

Health Care Operations include the business aspect of running a practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, customer service. An example would include a periodic the Assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you have an appointment (by phone or mail) four provide you with information about treatment options or other health related services. We will use and disclose your PROTECTED HEALTH INFORMATION when we are required to do so by federal, state or local law. We may disclose your PROTECTED HEALTH INFORMATION two public health authorities that we are authorized by law To collect information; to help the oversight agency for activities authorized by law included but not limited to: if you are involved in a lawsuit or similar proceeding; response to discovery requests, subpoena, or other lawful process by another party involved in the dispute, but only if we had made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release you're PROTECTED HEALTH INFORMATION to a medical examiner or corner to identify a disease individual or to identify the place of death. We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent serious threat to your health in safety or the health and safety of another individual or to the public. Under the circumstances, we will only make this closer to a person or organization able to help prevent the threat.

309 West Glenside Avenue, Glenside, PA 19038
1717 Swede Road, Suite 104, Blue Bell, PA 19422
610–608-1353 Arlene@ArleneRosenLMFT.com www.arlenerosenlmft.com

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we're required to honor and divide by that written request relying on your authorization.

You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written or quest or Privacy Officer at the practice address below.

The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agreed to a restriction, we must abide by it unless you agree in writing to remove it.

The right to request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations.
The writing requested an amendment to your PROTECTED HEALTH INFORMATION.
The right to receive an accounting of disclosures of PROTECTED HEALTH INFORMATION outside of treatment, payment and healthcare operations.
The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We were served right to change in terms of our Notice of Privacy Practices and To make the new notice provision affected for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices Will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:
Arlene Rosen LM FT, 309 West Glenside Ave., Glenside, PA 19038
For more information about HIPAA what to file complaint:
The US Department of Health and Human Services
Office of Civil Rights
200 Independence Ave., SW
Washington, DC 20201
877 – 696 – 6775

Acknowledgment of Receipt of Private Practices for Arlene Rosen LMFT

I have received a copy of the Notice of Privacy Practices with an effective date of December 1, 2019

Print Name of Client: ____

Address of Client: ____

____
Signature of Client date

____
Signature Parent/Gaurdian of Minor Client date

Arlene Rosen, LMFT
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