

Inner Wisdom Counseling, L.L.C.

Linda Najjar, Ph.D.

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 IT CAREFULLY.

If you have any questions about this Notice, please contact
Privacy Contact: Dr. Najjar @ 505.306.4144

1. Definitions

Protected Health Information (PHI) refers to information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Privacy Notice outlines how we may use and disclose your PHI to carry out treatment, payment, or business operations, and for other purposes that are permitted or required by law.

Demographic Information includes your name, address, telephone numbers, date of birth (age), social security number, insurance identification number, place of employment and contact numbers.

Clinical Summary refers to a listing of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress in treatment.

Designated Record Set includes billing information, Demographic Information, and Clinical Summary.

2. Uses and Disclosures of PHI

By signing Page 4 of Dr. Najjar's intake packet, you are indicating that you understand and consent to the following permitted uses and disclosures of your PHI. If you would like a copy of this form for your records, please ask and one will be provided.

Treatment

Your PHI may be disclosed to other health care providers who you have listed on the Release of Information form.

Payment

Your PHI will be used, as needed, to obtain payment for your health care services. In most cases, this entails providing the insurer with your Demographic Information as well as your diagnosis. However, health plans also periodically engage in a more in-depth review of providers' files and so the reviewer, who signs a confidentiality agreement, will also have access to information about your testing results, and Clinical Summaries. They will not have access to detailed clinical notes.

In the event that you default on your financial responsibility to this corporation, your PHI will also be disclosed to a collection agency. In this case, the only information disclosed would be the Demographic Information and billing records needed by the agency to locate you.

Business Operations

We may use or disclose, as needed, your PHI in order to support the business activities of this facility. These activities may include, but are not limited to, the employees of this corporation, current or future, seeing your Demographic Information, Clinical Summary, and billing records. Employees of the corporation sign a confidentiality agreement with respect to all information to which they have access

3. Other Uses and Disclosures Based on Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. With the exception of the items below, any other

authorization you provide may be revoked, at any time, in writing, except to the extent that your health care provider, or the provider's practice, has taken an action in reliance on the use or disclosure indicated in the authorization.

Harm to Yourself or Others

In the event that your provider believes you are an imminent risk to either yourself or to another, or your provider learns of child abuse or neglect from you, your PHI will be disclosed to relevant others (e.g., emergency medical personnel, police, family members) to assist in assuring the safety of all involved.

Legal Proceedings

We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

4. Your Rights. You Have the Right to

Inspect and Copy Your PHI

You may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains your billing information, Demographic Information, and Clinical Summary. The law restricts access to your detailed clinical notes, except where excepted by overriding legal requirements (see Section 3 above).

Request a Restriction of Your PHI

You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or business operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your provider is not required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider. You may request a restriction by submitting a written request, clearly detailing the targeted PHI and individuals, to Dr. Najjar.

Have Your PHI Amended

You may, in writing, request an amendment of PHI about you in a Designated Record Set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a written statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Receive an Accounting of Certain Disclosures

You may request an accounting of any disclosures for purposes other than treatment, payment, or business operations as described in this Notice of Privacy Practices. One such report per calendar year will be made available to you, on your written request, at no charge. Additional reports within a given calendar year will be a billable service.

5. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying Dr. Najjar in writing. We will not retaliate against you for filing a complaint.

****Your signature on Page 4 of Dr. Najjar's Intake Packet certifies that you have read and agree to the contents of this document, been given a copy if you request one, and invited to discuss your privacy concerns.**