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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 IT CAREFULLY.

I have a legal duty to safeguard your protected health information (PHI). Pursuant to the Privacy Rules established by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I am legally required to protect the privacy of your health information. It includes information that can be used to identify you. I am required to provide you with this notice of my privacy practices. It explains how, when and why I use and disclose your PHI. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. I legally required to follow the practices that are described in this notice. I reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI I already have. Whenever I make an important change to our policies, I will promptly change this notice and provide you with an amended copy. You can also request a copy of this notice at any time.

**PROTECTED HEALTH INFORMATION (PHI)** "PHI" is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present or future physical or mental health; the provision of health care to you or your minor aged child; and your past, present or future payment for healthcare. The use and disclosure of PHI in Treatment, Payment and Health Care Operations Your PHI may be used and disclosed by my practice in the course of providing treatment, obtaining payment for treatment and conducting healthcare operations. Any disclosures may be made in writing, electronically, by facsimile or orally. The practice may also use or disclose your PHI in other circumstances if your authorize the use or disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure.

**Treatment:** I may use and disclose PHI about you to provide, coordinate, or manage your healthcare and related services. I may consult with other healthcare providers such as hospitals, physicians, nurses and other healthcare personnel regarding your treatment and coordinate and manage your healthcare with others. However, as a safeguard, you will be asked to complete an Authorization to Release Medical Information and Form whenever possible, prior to any disclosure.

**Disclosure:** I may use or disclose your PHI with other healthcare professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care only if you agree that I may do so.



**Payment:** I may use and disclose your health information to seek payment for services that have been provided to you. This disclosure involves billing staff and may include insurance organizations or other business that may become involved in the process of mailing statements and/or collecting unpaid balances.

**Emergencies:** I may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible I will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated I will use professional judgment to release only that information directly relevant to your care.

**Healthcare Operations:** I may use and disclose PHI in performing business activities that are called Healthcare Operations. Healthcare Operations include doing things that will allow us to evaluate and improve services.

**Required by Law:** I may use or disclose your PHI when law requires, i.e. court, or administrative orders, subpoena, discovery request or other lawful process.

**Abuse or Neglect:** I may disclose your PHI to appropriate authorities if there is reason to believe that you or your child are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health, safety or that of others.

**Public Health Responsibilities:** I may use or disclose PHI to report reactions to medications, disease/infection, exposure and to prevent and control disease, injury and/or disability as required by law.

**Marketing Health-related Services:** I will not use your PHI for marketing purposes unless I have your written authorization to do so.

**Workers Compensation:** I may use and disclose PHI as authorized by Workers Compensation Laws or similar programs that provide benefits for work related injuries.

**National Security:** The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities I may disclose it to authorized federal officials.

**Appointment Reminders:** With your permission, I may use or disclose your PHI to provide you with appointment reminders including, but not limited to, email, voicemail messages, text messages, letters, or phone calls.



**Incidental Uses and Disclosures:** Incidental uses and disclosures of information may occur. An incidental use or disclosure that cannot be reasonable prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that I have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

### **Your Privacy Rights as My Client:**

**Access:** Upon written request, you have the right to inspect and get copies of certain health information and that of an individual for whom you are a legal guardian. There will be some limited exceptions. Psychotherapy notes are excluded from the legal provision that gives clients/patients the right to see and copy their health information. If you wish to examine your health information you will need to submit your request in writing to the address listed on this notice. Once approved, an appointment can be made to review your records.

**Amendment:** You have the right to amend your PHI if you feel it is inaccurate or incomplete. The request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**Non-Routine Disclosures:** You have the right to request an accounting of my disclosure of your PHI made for purposes other than treatment, payment or healthcare operations as described in this notice. The practice is not required to account for disclosures (1) which you request, (2) which you authorized by signing an authorization to release medical information form, (3) to friends or family members authorized to be involved in your care, and (4) certain other disclosures my practice is permitted to make without authorization. The request for an accounting must be made in writing to the address on page one and should include the time period for which you wish the accounting to include - up to a six-year period.

**Revocation:** You have the right to revoke a prior authorization to release your PHI. All requests to revoke authorization of PHI must be done so in writing.

**QUESTIONS AND COMPLAINTS:** If you think that I may have violated your privacy right, or you disagree with a decision made about access to your PHI, you may file a written complaint with Katherine Neff, LCSW, LLC at the contact information noted at the top of this page. You may also send a written complain to the Secretary of the Department of Health and Human Services.



**Yes, I understand the above information and I have been provided a copy of the Notice of Privacy Policies.**

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For clients over 14: Client name (print)                      Date                      Signature

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For minors: Parent name (print)                      Date                      Signature