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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.

COMMITMENT TO YOUR PRIVACY

This practice is dedicated to maintaining the privacy of your personal health information. I am required by law to do this. These laws are complicated, but I must provide you with is important information.

I will use the information about your health, which I obtain from you or from others mainly to provide you with **treatment**, to arrange **payment** for my services or for some other business activities, which are called, in the law, health care **operations**. After you read this Notice of Privacy, I ask you to sign the consent portion of my Intake Form so I can use and share your information. If you do not consent and sign this form, we cannot treat you.

If you or I want to use or disclose (send, share, release) your information for any other purpose, I will ask you to sign a specific Release of Information (authorization) to allow this.

Of course I will keep your health information private but there are some times when the laws require me to use or share it such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires to do so.
4. For Workers Compensation and similar benefit programs.

YOURS RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask to be called at home and not at work to schedule or cancel an appointment.
2. You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records. A copy of these records can be obtained for a fee.
4. If you believe the information in your records is incorrect or incomplete, you can ask me to make changes (called amending) to your health information. This request must be made in writing and you must clearly state reasons for this request.
5. You have the right to a copy of this notice. There is also a copy in the waiting room. If changes are made in this notice, you will be notified.
6. You have the right to file a complaint if you feel your rights have been violated. You can file the complaint with me or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care provided to you.

Changes To This Notice

I reserve the right to change this Notice. I reserve the right to make the revised or changed Notice effective for medical information I already have about you as well as any information I receive in the future. I will post a copy of the current Notice, with the effective date on the posted copy.

If you have any questions regarding this notice or my health information policy please contact Anna T. Micci, LICSW.