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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. If you have any questions about the information contained in this Notice, please contact me.

I am required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with notice of my legal duties and privacy practices with respect to your health information. I am also required to abide by the terms of this Notice so long as it remains in effect. I reserve the right to change the terms of the Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by me. You may receive a copy of any revised notices from me or a copy may be obtained online at www.jenvanorman.com.

Uses and Disclosures of Protected Health Information (PHI):

For Treatment. Your PHI may be used and disclosed by those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. I ask you to sign a Release of Information form before I consult with other health care professionals. I cannot disclose PHI to any other health care professional without your authorization.

For Payment. I may use and disclose PHI so I can receive payment for treatment and services provided to you. This will be done only with your written authorization. This includes filing for insurance benefits and processing claims. If it becomes necessary to use collection processes due to lack of payment, I will disclose only the minimum amount of PHI necessary for purposes of collection.

For Health Care Options. I may use or disclose your PHI to support my business activities including, but not limited to, quality assessment activities, licensing, and credentialing. I may share your PHI with third parties that perform various business activities (i.e. accounting to billing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.

Required by Law. Under the law, I must disclose your PHI to you upon request. In addition, we must disclose to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit disclosure of information about you without your authorization only in a limited number of other situations. Types of uses and disclosures that may be made without your authorization are as follows:

- Required by Law or mandatory Government Agency audits or investigations
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

- If you are a minor, information regarding illegal or harmful acts may be disclosed to a parent or guardian.

Verbal Permission. I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures are not specifically permitted by applicable law will be made only with your written authorization. You have the right to revoke your authorization any time by writing me with your request.

Your Rights Regarding Your Protected Health Information (PHI):

You have the following rights regarding PHI that I maintain about you. To exercise any of these rights, please submit your request in writing to me.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstance, to inspect and copy PHI that may be used to make decisions about your care. Restrictions apply only in those situations where compelling evidence indicates that access would cause serious harm to you. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's record will not be accessible to you. I may share a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You may obtain an accounting of certain disclosures of PHI made by me after June 16, 2014. This right applies to disclosures other than those already mentioned.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to any restriction you request.
- **Right to Request Accounting of Disclosures.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of the Notice.** You have the right to a paper copy of this Notice.

Questions and Complaints

If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact me. You may also file written complaints with the Director, Office for Civil Rights or the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

Effective Date and Changes to this Notice

This Notice is effective June 16, 2014. I may change the terms of this Notice at any time. If I change this Notice, I may make the new Notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new Notice. If I change this Notice, I will post the revised Notice on my website www.jenvanorman.com. You may also obtain any revised notice by contacting me.