

## ALTERNATIVE BEHAVIOR ASSOCIATES

BRUCE N. EIMER, PH.D., A.B.P.P.

### *NOTICE OF PRIVACY PRACTICES*

THIS NOTICE DESCRIBES HOW MEDICAL AND PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY DR. BRUCE EIMER, PH.D.

**The Health Insurance Portability & Accountability Act of 1996 ("HIPAA")** is a federal law that requires all medical and psychological records and other individually identifiable health information used or disclosed by me (Dr. Bruce N. Eimer, Ph.D.) in any form, whether electronic, on paper, or orally, to be kept properly confidential. **HIPAA** gives you, the client/patient, the right to understand and control how your protected health information (PHI) is used. HIPAA provides penalties for covered entities that misuse protected health information (PHI).

Each time you meet with me (your psychologist, psychotherapist, or hypnotherapist), a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and payment-related information.

Because you pay me directly for professional services I render to you, I do not bill insurance. Therefore, less information is recorded than if you were using insurance to pay for treatment. This notice applies to all of the records of your care generated by me, Dr. Bruce N. Eimer, Ph.D.

#### **Psychotherapist and Hypnotherapist Responsibilities:**

I, Bruce Eimer, Ph.D., am required by law to maintain the privacy of your protected health information (PHI) and to provide you with a description of my legal duties and privacy practices regarding your PHI. I am required to abide by the terms of this notice and to notify you if I make changes to this notice, which may be at any time.

#### **How I May Use and Disclose Medical Information About You:**

**Treatment:** I may use and disclose medical and psychological information about you to provide, coordinate, and manage your treatment or services. I may disclose medical/psychological information about you to doctors, other therapists, or others who are involved in your treatment only with your explicit verbal authorization.

For example, if you have been treated by, or are treating with, other health care providers (therapists, physicians, etc.), I may request permission to speak with them and obtain copies of their reports and records of their treatments rendered to you. Also, if I refer you

to another health care provider, I may provide oral information and copies of various reports that should assist him or her in treating you.

**Payment:** I may use and disclose medical and psychological information about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company.

**This is not typically necessary however, when you pay me directly for services rendered, as then, I do not bill insurance companies or third parties for services rendered.** You may ask me for a payment receipt that you can send into your insurance company so that you can be reimbursed for payments you've made to me for services rendered to you. In that case, your insurance company will probably request additional information from me which I will have to provide in order for you to get reimbursed.

**Health Care Operations:** I may use and disclose, as needed, your protected health information (PHI) in order to support my business activities, including quality assessment, licensing, marketing, legal advice, and customer service. For example, I may call you by name in the waiting area when I am ready to see you for your appointment.

#### **Other Uses and Disclosures:**

I may use and disclose your PHI in an emergency situation to prevent harm to yourself or others. An example would be mandated reporting of abuse to children, the elderly, a disabled person, or when a judge orders the release of information. Only the minimum amount of information relevant to your health care would be disclosed.

I may create and distribute de-identified health information by removing all references to individually identifiable details.

I may ask you to provide me with testimonials to help me with marketing my practice and practice related products. I would only use your protected health information with your written permission.

I may contact you to provide appointment reminders, or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures would be made only with your written authorization. You have the right to revoke such authorization in writing, and I am required to honor and abide by that written request, except to the extent that I have already taken actions relying on your prior authorization.

**Your Rights:**

**You have the following rights with respect to your protected health information (PHI), which you can exercise by presenting a written request to me, Dr. Bruce Eimer, Ph.D.**

- The right to request restrictions on certain uses and disclosures of protected health information (PHI), including those related to disclosures to family members, close personal friends, or any other person identified by you. I am, however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from me upon request.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with my office, or with the federal government at the address below, about violations of the provisions of this notice or the policies and procedures of my office. I will not retaliate against you for filing a complaint.

*Department of Health & Human Services, Office of Civil Rights  
200 Independence Avenue S.W., Washington, D.C. 20201.  
1-877-696-6775 (202) 619-0257*

If you have any questions about this notice, please contact me by email or phone:

Email: [dr.eimer1@comcast.net](mailto:dr.eimer1@comcast.net) Phone: 215-947-7867

This notice is effective as of September 1, 2006.

**By signing below, I acknowledge that I have seen a copy of the Notice of Privacy Practices and been given the opportunity to read it. I also acknowledge that I consent to the use and disclosure by Dr. Bruce Eimer, his workforce, and business associates of my protected health information (PHI) for purposes of treatment, payment and health care operations.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_