

**Lee H. Saltzman, Psy.D. PC**  
**353 Lexington Avenue, 3<sup>rd</sup> Floor, Office #8**  
**New York, NY 10016**  
**(646) 319-7498**

**Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**I. My Responsibility**

The confidentiality of your personal health information is very important. Your health information includes records that I create and obtain when I provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatments, and referrals for further care. It also includes bills, insurance claims, or other payment information that I maintain related to your care.

This Notice describes how I handle your health information and your rights regarding this information. Generally speaking, I am required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of my duties and privacy practices regarding your health information that I collect and maintain; and
- Follow the terms of my Notice currently in effect

**II. My Contact Information**

After reviewing this notice, if you need further information or want to contact me for any reason regarding the handling of your health information, please direct any communications to the following contact person:

**Privacy Officer:**  
Lee H. Saltzman, Psy.D., Licensed Psychologist  
PO Box 250256  
New York, NY 10025  
(646) 319-7498

### **III. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
  - *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

### **IV. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information.

I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice of Privacy Practices.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining

insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

*Business Associates:* I may hire other businesses to do some jobs for me. In the law, they are called my “business associates.” Examples include a copy service to make copies of your health records and a billing service to figure out, print, and mail my bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with me to safeguard your information.

## **V. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse, Neglect, or Domestic Violence:** If, in my professional capacity, a child comes before me which I have reasonable cause to suspect is an abused, neglected, or maltreated child, or I have reasonable cause to suspect a child is abused, neglected, or maltreated where the parent, guardian, custodian, or other person legally responsible for such child comes before me in my professional or official capacity and states from personal knowledge, facts, conditions, or circumstances which, if correct, would render the child an abused, neglected, or maltreated child, I must report such abuse, neglect, or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency. As required or permitted by law, I may disclose health information about you to a state or federal agency to report suspected domestic violence. Whenever feasible, I will promptly discuss with you the need for such a disclosure.
- **Communicable Diseases:** To the extent permitted or required by law, I may disclose information to a public health official or a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.
- **Health Oversight:** If there is an inquiry or complaint about my professional conduct to the New York State Board for Psychology, I must furnish to the New York Commissioner of Education, your confidential mental health records relevant to this inquiry. I also may disclose health information about you for oversight activities that are authorized by federal or state law (e.g., auditing, inspection, or investigation related to our provision of health care or to the health care system).
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** Consistent with my legal and ethical obligations, I may disclose health information about you based on a good faith determination that such a

disclosure is necessary to prevent a serious and imminent threat to yourself, to identified individuals and the public, or in an emergency situation.

- **Worker's Compensation:** If you file a worker's compensation claim, and I am treating you for the issues involved with that complaint, then I must furnish to the chairman of the Worker's Compensation Board records which contain information regarding your psychological condition and treatment.

## **VI. Patient's Rights and Psychologist's Duties**

### **Patient's Rights:**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:* You have the right to restrict certain disclosures of PHI to a health plan if you pay out-of-pocket in full for my services.
- *Right to Breach Notification:* You have the right to be notified if: a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; b) that PHI has not been encrypted to government standards; and c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The standard fee for copying is \$0.50 per page. If agreed upon by both of us, I may instead provide you with a summary of the information that you requested. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. If your request is denied, I will provide you with a written explanation of the reason for doing so. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request must explain why you believe my records

require amendments. I may deny your request. If your request is denied, I will provide you with a written explanation of the reason for doing so. You have the right to submit a statement disagreeing with the decision. This statement will be added to your record. On your request, I will discuss with you the details of the amendment process.

- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). I will provide you the first accounting free of charge. However, if you request more than one accounting in any 12 month period, I may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested. I will be unable to provide you an accounting of disclosures for a period of longer than 6 years prior to your request.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

In order to exercise any of your rights described above, you must submit your request in writing to the contact person (see section II). If you have questions about your rights, please speak to the contact person during normal office hours.

#### Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a copy of the revised notice at the next visit or by mail.

#### VII. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Lee H. Saltzman, Psy.D. at (646) 319-7498.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to Lee H. Saltzman, Psy.D., PO Box 250256, New York, NY 10025.

You may also send a written complaint to the Secretary of Health and Human Services by writing to the Office for Civil Rights, U.S. Department of Health and Human Services, 200

Independence Avenue, S.W., Room 509F, Washington D.C. 20201; by calling 1 (800) 368-1019; or by sending an e mail to [OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov).

You have specific rights under the Privacy Rule. I will not penalize you for exercising your right to file a complaint.

### **VIII. Effective Date and Changes to Privacy Policy**

This notice will go into effect on September 23, 2013.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a copy of the revised notice at our next visit or by mail.