

OFFICE OF ADELE NATTER, LICSW
CONFIDENTIALITY AND PRIVACY POLICIES (HIPAA)

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED. PLEASE REVIEW IT CAREFULLY.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION RELATED TO YOU:

For treatment: The primary use of my notes is for my own use to review what we are working on and any review you and I may wish to do of prior sessions. This information is shared only with your written permission with other health providers you see, attorneys, family members or others. Without your written permission I do not speak to anyone about your case, unless there is reason to believe that there is an immediate life and death problem.

EXCEPTIONS:

EMERGENCY: In the case of a medical or psychiatric emergency involving immediate, serious potential for harm to you or someone you are involved with, I may need to disclose information to your emergency contact, a hospital, or others.

I am legally mandated to report suspected child or elder abuse or neglect. I may disclose information if I am subpoenaed or served with a court order, administrative order or similar process; to an executor of your estate if mandated by state law in regard to payment for your care prior to death. Disclosure might be required to a law enforcement officer in identifying a suspect, material witness or missing person in connection with a deceased person, in connection with reporting a crime in an emergency or a crime on the premises; disclosure demanded to a legally authorized public health authority to prevent or control disease, injury or disability or to protect the health or safety of a person or the public. I would inform you if any of the above take place. The law demands that if a government agency inquires about a possible terrorist threat you might pose, the law does not permit me to tell you that this inquiry has taken place. (I have never had this situation). In addition, I am ethically obligated to prevent or expose impairment, misconduct, or unethical conduct by another professional.

SECURITY CLEARANCE: If you expect to get a security clearance while you are seeing me, or if in the future you give out my information for a security clearance, please contact me yourself to confirm that you have given security personnel written permission for them to contact me, especially if you sign your permission electronically.

Please initial here that you will contact me at any time in the future if I will be interviewed for a Security Clearance. _____

COLLABORATION WITH COLLEAGUES: As a “best practice” in providing psychotherapy, and in order to increase my knowledge and skills, I may share information with colleagues without using your name or identifying details, to obtain objective consultation to improve the quality of my work.

PAYMENT/INSURANCE: If you or I are submitting bills to any insurer for reimbursement, I will need to disclose a diagnosis to establish “medical necessity” for treatment. An insurer can ask me to submit clinical information; I would resist, citing DC privacy regulations. **BILLING:** My billing service will have identifying information, including name, DOB, policy number, diagnostic code, and dates of service; but no notes from our sessions. My biller has a written agreement to maintain privacy and not share your information with anyone except the insurance company.

COLLECTIONS: If it becomes necessary to use a collection agency due to lack of payment for our sessions, I will give the minimum information necessary to collect the debt.

YOUR RIGHTS: You have the right to:

- * Read and request a copy of your record. (I will charge for my time copying your record).
- * Exception: if there is a compelling reason that access would cause serious harm to you.
- * Amend your record if not correct.
- * To request an accounting of any disclosures that have been made with your written permission; or, in the case of emergencies such as stated above, without your permission.

COMMUNICATION:

For appointment changes, leave a voicemail, or text. Do not text about personal issues. Email is not secure. Please do not use email to discuss issues that you are dealing with. If you need an extra session to discuss something urgent, please leave a voice mail or send me an email to let me know you need an additional meeting.

MESSAGES TO YOU: How would you like me to contact you? Please circle:

Phone Text Number to use: _____

Email: Email address: _____

If you ever believe there has been a breach of confidentiality, please let me know immediately! You can also call the Secretary of Health and Human Services at (202) 619-0257.

PLEASE SIGN BELOW that you have had time to review these confidentiality policies, and date your signature. You may ask for a copy to take home.

Signature _____ Date _____

Printed name _____