



Jean Thompson Vanlue, LLC

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## **Notice of Privacy Practices (HIPAA)**

### **Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical/health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### **Your Rights: You have the right to:**

- Get a copy of your paper or electronic medical record
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Correct your paper or electronic medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communication.
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Ask us to limit the information we share
  - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- Get a list of those with whom we’ve shared your information
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**. We will not retaliate against you for filing a complaint.

## **Your Choices:**

You have some choices in the way that we use and share information as we provide mental health care.

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Bill for your services
- Do research on aggregated dis-identified data to improve quality of care
- Comply with the law, including those regarding mandatory reporting of abuse of a child, senior or person with disabilities
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Notice effective 1/3/22