**Notice of Privacy Practices**

Effective date: 6/15/2022

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (“**Notice**”).

**Contact**

If you have any questions about this Notice, please contact Eric Yarbrough, MD at 212-812-3307.

**Scope**

We create a record of the health services you receive to provide your care and services and to comply with certain legal requirements. This Notice applies to all the information we generate, including information about past, present, or future physical or mental health or medical conditions. We follow - and our employees and other workforce members follow - the duties and privacy practices that this Notice describes and any changes once they take effect.

**Changes to 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 on request.

**Data Breach Notification**

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your health information.

**Uses and Disclosures of Your Information**

When using or disclosing your information or requesting information about you from another source, we will make reasonable efforts to limit our use, disclosure, or request about your information to the minimum we need to accomplish our intended purpose.

* **Care and Treatment.** We may use or disclose your information and share it with professionals who are treating you, including psychiatrists, psychologists, and mental health counselors. For example, we might disclose information about your overall health condition to mental health counselors who are treating you. We may also communicate with your family members, friends, or others with your consent.
* **Public Health and Safety Activities.** We may communicate with family members, law enforcement, or others if we feel you present a serious and imminent threat of harm to yourself or others. For example, we may share your information to:
	+ report suspected child neglect or abuse, or domestic violence; or
	+ avert a serious threat to public health or safety.
* **Our Business Associates**. We may use and disclose your information to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription. We contractually require these parties to use and disclose your information only as permitted and to appropriately safeguard your information.
* **Legal Compliance and Law Enforcement.** For example, if required, we will share your information with a federal or state agency with oversight over our activities. We will also share information about you if necessary for law enforcement purposes or with a law enforcement official.

**Your Choices**

For certain information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us and we will make reasonable efforts to follow your instructions.

You have both the right and choice to tell us whether to:

* Share information, such as your health information, general condition, or location, with your family, close friends, or others involved in your care.
* Share information in an emergency situation, such as to an organization or law enforcement to assist with locating or notifying your family, close friends, or others involved in your care.
* We may share your information if we believe it is in your best interest, according to our best judgment, and:
	+ If you are unable to tell us your preference, for example, if you are unconscious.
	+ When needed to lessen a serious and imminent threat to health or safety.

**Uses and Disclosures that Require Authorization**

In these cases we will only share your information if you give us written permission:

* Most sharing of a mental health care professional’s notes (psychotherapy notes) from a private counseling session or a group, joint, or family counseling session.
* Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

**When We Will Not Use or Disclose Your Information**

We will not share your information to:

* Market our services.
* Sell or otherwise receive compensation for disclosing your information.

**Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You do not have the right to access psychotherapy notes that we maintain separately from your medical record to document or analyze a session. You may request this information and if we deny your request, we will provide you with an explanation.

You have the right to:

* **Inspect and Obtain a Copy of Your Information.** You have the right to see or obtain an electronic or paper copy of the information we maintain about you (except for the psychotherapy notes discussed above).
* **Make Amendments.** You may ask us to correct or amend information that we maintain about you that you think is incorrect or inaccurate.
* **Request Additional Restrictions.** You have the right to ask us to limit what we use or share about your information. You can contact us and request us not to use or share certain information for treatment, payment, or operations or with certain persons involved in your care. For these requests:
	+ we are not required to agree;
	+ we may say “no” if it would affect your care; but
	+ we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.
* **Request an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures that we have made. For these requests:
	+ 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; and
	+ we will provide one accounting a year for free.
* **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your information.
* **Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific address. For these requests:
	+ you must specify how or where you wish to be contacted; and
	+ we will accommodate reasonable requests.
* **Make Complaints.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
	+ directly with us by contacting Eric Yarbrough, MD at 212-812-3307 or
	+ with the Office for Civil Rights at the US Department of and Human Services. 886-627-7748, [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)