

Office of Linda Sadoff
HIPPA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice represents the commitment of this office to your privacy. Our practice is dedicated to maintaining the privacy of your personal health information. We are required also by law to do this. These laws are complicated, but we must provide you with important information. This Notice can't cover all possible situations so please talk to Linda Sadoff regarding any questions or problems.

We will use the information about your health which we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities which are called, in the law, health care **operations**. After you have read this notice we will ask you to sign a **Consent Form** to let us use and share YOUR information. If you do not consent and sign this form, we cannot treat you. (If you became a client of this office prior to April 14, 2003, we will not ask you to sign that form. If we are informed that you must sign the form, we will notify you.

If we or you want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this.

We will keep your health information private but there are some times when the laws require us to use or share it such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who/which is able to help prevent or reduce the threat.
2. Some legal or court proceedings;
3. Where a law enforcement official requires us to do so;
4. For workers compensation and similar benefit programs.
5. I am a mandatory reporter under Maine law, and am required to report suspected child abuse or neglect.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law / or in an emergency / or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. Psychotherapy notes are kept separately and you may not be entitled to access to those notes. You can even get a copy of records but we may charge you.
4. If you believe the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to Linda Sadoff. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this Notice we will place it in our waiting room and you can always request a copy.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact Linda Sadoff at 621-8558.