

Merrimack Valley Counseling Association

39 Simon St., Unit 2A
Nashua, NH 03060

20 Merrit Pkwy., 2nd Floor
Nashua, NH 03062

HIPAA 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.

In the course of your care as a patient at Merrimack Valley Counseling Association, we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital, as well as the healthcare administrators and intake counselors at Merrimack Valley Counseling Association if it is necessary to refer you for further diagnosis, assessment, treatment.
- Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, Attorney, or your employer, if they are or may be responsible for the payment of your services.
- Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health information that may be of interest to you.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine or with fellow residents. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

- If we are providing health care services to you based on the orders of another health care provider.
- If we provide health care services to you in an emergency.
- If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe it is in your best interest to provide care.
- If we are ordered by the courts or another appropriate agency.

Any use of disclosure of your protected health information, other than as outlined above, will only be made upon your written consent.

We normally provide information about your health to you in person at the time you receive mental health care from us. We may also mail information to you regarding your health care, status of your account, or birthdays. If you would like to receive this information at an address other than your home or, if you would like the information in a different form, please advise us in writing as to your preferences.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. However, under federal law, you may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In addition, you have the right to request an amendment to your health information. Request to inspect, copy, or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your patient file and protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files. You may revoke this authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities or if you would like further information about our privacy policies and practices, please contact (in writing):

William B. Flynn Jr., Ph.D.
Merrimack Valley Counseling Association
39 Simon Street, Unit 2A
Nashua, NH 03060

This notice is effective as of the date of the authorized signature as it appears below. This notice and any alterations or amendments made hereto will expire twenty-five years after the date upon which the record was created. The signature below acknowledges that a copy of this notice has been received by either the patient or the Responsible Party (legal guardian or parent of a minor child).

This section should be completed by the patient or, if applicable, legal guardian or parent of a minor child.

_____	_____	_____
Print Name of Patient	Print Name of Responsible Party	Relation to Patient
_____		_____
Signature of Patient or Responsible Party		Date