

## **Notice of Privacy Practices—Dr. Randy Gilchrist (Page 1 of 2)**

**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 AND KEEP IT AS A REFERENCE.**

### **Why We Are Providing You With This Notice**

We (Randy A. Gilchrist, Psy.D., and his administrative associates) are required by a federal law known as the *Health Insurance Portability and Accountability Act* (HIPPA) to give you this Notice. This Notice will tell you about how we may use and disclose health information about you as well as your rights regarding the use and disclosure of that information.

### **Your Health Information**

This Notice applies to the information and records we have about your health, health status, and the health care services you receive while working with Randy A. Gilchrist, Psy.D., and staff.

### **How We May Use and Disclose Health Information About You**

#### **For Treatment**

We may use or disclose health information about you to facilitate counseling and other health treatment. For example, Dr. Gilchrist might disclose information about you to your primary care physician to coordinate and determine the most appropriate care for you—an action generally required by insurance companies. By signing the general “informed consent for treatment form”, you consent to this disclosure unless otherwise dictated by yourself in writing (at your initiative).

#### **For Payment**

We may use and disclose health information about you so that we can be paid by you, an insurance company, or another party, including others that have or are currently paying any portion of the fee for the services you are being provided. For example, we may need to give your insurance company information about our services with you so the company will pay us for these services. By signing the general “informed consent for treatment form”, you consent to this disclosure unless otherwise dictated by yourself in writing (at your initiative).

#### **For Office Operations**

We may use and disclose health information about you in order to run our office and make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate the performance of our staff or to contact you to remind you of your appointments.

Please notify us in writing if you do not want us to remind you of your appointments.

#### **Special Situations**

We may use or disclose your health information without your permission for several reasons. These reasons include:

- \*Disclosing your health information when we believe that disclosure is necessary to prevent a serious threat to your health and safety or the health and safety of another person.

- \*Disclosing your health information as required by federal, state, or local law.

## **Notice of Privacy Practices—Dr. Randy Gilchrist (Page 2 of 2)**

\*Disclosing your health information as required by law to prevent injury or suspected abuse or neglect.

\*Disclosing your health information in response to a court order, subpoena, warrant, summons, or similar process.

### **Other Uses and Disclosures of Health Information**

Except where otherwise required or authorized by law, we will not use or disclose your health information for any purpose without written authorization. If you authorize us to use or disclose health information about you, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, but we cannot take back any uses or disclosures we have already made with your permission.

### **Your Rights Regarding Your Health Information**

You have the following rights with regard to your health information:

\*You may inspect and copy your health information, with certain exceptions.

\*If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information.

\*You may obtain an accounting of our disclosures of your health information. This is a list of all of our disclosures of your health information for purposes other than treatment, payment, and health care operations.

\*You have the right to request that we restrict or limit our use or disclosure of your health information to only treatment, payment, or health care operations. We are not required to comply with your request.

\*You may request that we communicate with you about your health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

\*You have the right to receive a paper copy of this notice.

If you want to exercise any of these rights, please contact Randy A. Gilchrist, Psy.D., in writing, at the office where you are receiving counseling.

### **Changes To This Notice**

We have the right to change this notice. If we do so, the new notice will apply to the health information we may already have about you and to the health information that we receive in the future. We are required to abide by the most current notice that is in effect. You are entitled to receive a copy of the most current notice.

**\*\*This Notice is effective as of July 14, 2004\*\***