

Karen P. Kelly, Ph.D.
Psychologist

HEALTH INFORMATION PRIVACY PROTECTION ACT (HIPPA)

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to Dr. Kelly, in order to inspect, and/or copy your health information. Your request may be denied to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to Dr. Kelly. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a. We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b. Is not part of the health information that we keep.
- c. You would not be permitted to inspect and copy.
- d. Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a list of the disclosures that we made of medical information about you for purposes other than treatment, payment, or healthcare operations. To obtain this list, you must submit your request in writing to Dr. Kelly. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically).

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of it, such as a family member or friend. For example, you could ask that we not use or disclose information about a hospitalization you had.

As Required by Law

We will disclose medical information about you when required to do so by federal, state, or local laws. For example, we may need to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence.

We are Not Required to Agree to Your Request

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the Request for Restrictions on Use/Disclosure of Medical Information to Dr. Kelly.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way, or at a certain location. For example, you may ask that we contact you only at work or by mail. To request confidential communications, you may submit a request for restrictions on use and disclosure of confidential information to Dr. Kelly. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Dr. Kelly..

Changes to this Notice

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You are entitled to a copy of the notice currently in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services in Harrisburg, PA. To file a complaint with our office, contact Dr. Kelly. You will not be penalized for filing a complaint.