

Your Rights Regarding Protected Health Information

1. You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. Your therapist is not required to agree to your requested restriction. If the restriction is agreed upon, your therapist will maintain a written record of the agreed upon restriction.
2. You have the right to receive confidential communications of protected health information from your therapist by alternative means or at alternative locations.
3. You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, your therapist is permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to the therapist’s “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
4. You have the right to amend protected health information in the therapist’s records by making a request to do so in writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, your therapist is permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide your therapist with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
5. You have the right to receive an accounting from your therapist of the disclosures of protected health information made by him/her in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, your therapist is permitted to deny the request for specified reasons. For instance, he/she does not have to account for disclosures made in order to carry out his/her own treatment, payment, or health care operations. Your therapist also does not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
6. You have the right to obtain a paper copy of this notice from your therapist upon request.

PLEASE NOTE: In order to avoid confusion or misunderstanding, if you wish to exercise any of the rights enumerated above, please put your request in writing and deliver or send the writing to your therapist. If you wish to learn more detailed information about any of the above rights, or their limitations, please ask your therapist. He/she is willing to discuss any of these matters with you.