



MICHELE SAFFIER

& ASSOCIATES

Licensed Marriage & Family Therapist • Certified Sex Addiction Therapist • EMDR Level III Trained Practitioner

Dear Client,

Notice of Privacy Practices

Please find attached a copy of our Notice of Privacy Practices. This is in compliance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA). This Federal law requires that all health care professionals notify patients of how their health information is protected and how it may be used.

Please review the attached document and complete and sign the Acknowledgement of Receipt of Privacy Practices.

If you have any questions regarding HIPAA or our privacy practices, please contact us or discuss it with your therapist.

Thank you for your cooperation in this matter.

Sincerely,

Michele Saffier and Associates, Inc



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Notice of Privacy Practices for Michele Saffier and Associates, Inc. as of July, 2015

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information "protected health information" used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include psychotherapy, medication management, etc. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your insurance company for your services, or third party person responsible.

Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services. We will use and disclose your PROTECTED HEALTH INFORMATION when we are required to do so by federal, state or local law. We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that are authorized by law to collect information; to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding; response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may release your PROTECTED HEALTH INFORMATION to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent serious threat to your health and safety or the health and safety of another individual or to the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

17 Barclay Street, Building A, Newtown, PA 18940
1717 Swede Road, Suite 104, Blue Bell, PA 19422
215-552-8938 MSaffier@traumahealingpa.com www.traumahealingpa.com

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request to our Privacy Officer at the practice address below:

The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.



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The right to request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations.

The right to request an amendment to your PROTECTED HEALTH INFORMATION.

The right to receive an accounting of disclosures of PROTECTED HEALTH INFORMATION outside of treatment, payment and health care operations

The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

Michele Saffier and Associates, Inc, PO Box 44, Gwynedd Valley, PA 19437

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201
877-696-6775 (toll-free)

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**Acknowledgment of Receipt of Privacy Practices for Michele Saffier and Associates, Inc
as of July, 2015**

I have received a copy of the Notice of Privacy Practices with an effective date of July 1, 2015

Print Name of Client: _____

Address of Client: _____

MICHELE SAFFIER
& ASSOCIATES

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Signature of Adult Client:

_____ Date: _____

Signature of Guardian of Minor Client:

_____ Date _____

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