

# *Jennifer Haney, L.C.S.W.*

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## **Notice of Privacy Practices (NPP) – Brief Version**

**This notice describes how health information about you and your child may be used and disclosed and how you can get access to this information. Please review it carefully.**

My practice is committed to your privacy. I am dedicated to maintaining the privacy of your personal health information as part of providing professional care. The laws are complicated, but I must give you this important information. This is a shorter version of the full legal information. If you have further questions please feel free to ask.

I will use information about you and your child's health, submitted by you or others, mainly to provide you with treatment, to arrange payment for services, and for other health care operations. After you have read this you will be asked to sign a consent form to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

If I want to use, disclose, send, share or release your information for any other purposes I will discuss this with you and ask you to sign an authorization form to allow this.

Of course I will keep your health information private, but there are some times when the law requires me to use or share it. For example,

- When there is a serious threat to your health and safety, the safety of another individual, or the public. I will only share information with a person, or organization, which is able to help prevent or reduce the threat.
- Some law suits or legal proceedings.
- If a law enforcement official requires me to do so.
- For Workers Compensation and similar benefit programs.
- Other rare instances as described in the NPP long version

### **Your rights regarding your health information:**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment.
2. You have the right to ask me to limit what I tell people involved in your care, or the payment for your care, such as family or friends. While we don't have to agree, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when information is necessary to treat you.
3. You have the right to look at the health information I have about you, such as your medical or billing records.
4. You have the right to have a copy of this notice. If it changes, you will be notified.
5. You have the right to file a complaint if you feel that your privacy rights have been violated. You may file a complaint with me or with the Department of Health and Human Services. All complaints must be in writing.

If you have any questions regarding this notice or health information please ask. You will receive a copy of this notice.

I have read this notice: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Printed name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

**The effective date for requirement of this notice is April 14, 2003**