Lisa F. Ligammari, LCSW
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Notice of Privacy Practices

You can type directly into the shaded fields on a computer, or print this form and fill it in by hand. Please sign and date where indicated.

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

I have a legal duty to safeguard your protected health information (PHI). Pursuant to the Privacy rules established by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I am legally required to protect the privacy of your health information. It includes information that can be used to identify you. I am required to provide you with this notice of my privacy practices. It explains how, when, and why I use and disclose your PHI. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. I am legally required to follow the practices that are described in this notice.

Protected Health Information (PHI)

PHI is health information created or received by your health care provider that contains material that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present, or future physical or mental health, the provision of health care to you and your minor child, and your past, present, or future payment for healthcare.

The Use and Disclosure of PHI in Treatment, Payment, and Health Care Operations

Your PHI may be used and disclosed by my practice in the course of providing treatment, obtaining payment for treatment, and conducting healthcare operations. Any disclosures may be made in writing, electronically, by fax, or orally. The practice may also use or disclose your PHI in other circumstances if you authorize the use or disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure.

Treatment

I may use and disclose PHI about you to provide, coordinate, or manage your healthcare and related services. I may consult with other healthcare providers such as hospitals, physicians, nurses, and other healthcare personnel regarding your treatment and coordinate and manage your healthcare with others. However, as a safeguard, you will be asked to complete an authorization to release medical information form prior to any disclosure.

Disclosure

I may use or disclose your PHI with other healthcare professionals who provide treatment and/or service to you. With your permission, these professionals will have privacy and confidentiality rules and forms like this one. Health information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care only if you agree that I may do so.

Payment

I may use and disclose your health information to seek payment for services that have been provided to you. This disclosure involves billing staff and may include insurance companies or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

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Emergencies

I may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, or your general condition. This includes if you are in danger of hurting yourself or others or if there is a duty to warn. Under emergency conditions or if you are incapacitated, I will use professional judgment to release only that information which is directly relevant to your care.

Required by Law

I may use or disclose your PHI when law requires, i.e., court or administrative orders, subpoena, discovery request, or other lawful purposes.

Abuse or Neglect

I may disclose your PHI to appropriate authorities if there is reason to believe that you or your child are a possible victim of abuse or neglect. This information will be disclosed only to the extent necessary to prevent a serious threat to your health and safety or that of others. Therapists are mandatory reporters of possible abuse/neglect in the State of NJ.

Marketing Health-Related Services

I will not use your PHI for marketing purposes unless I have your written authorization to do so.

Appointment Reminders

Our EHR system will send you appointment reminders as to the day and time of your appointment, including email or text reminders. Please let us know if you would not like this.

Your Privacy Rights as my Client

Access

Upon written request, you have the right to inspect and get copies of certain health information and that of an individual for whom you are a legal guardian. There will be some limited exceptions. Psychotherapy notes are excluded from the legal provision that gives clients the right to see and copy their health information. If you wish to examine your health information, you will need to submit your request in writing to the address listed on this notice. Once approved, an appointment can be made to review your records.

Revocation

You have the right to revoke a prior authorization to release your PHI. All requests to revoke authorization of PHI must be done so in writing.

Questions & Complaints

If you think I may have violated your privacy rights, or you disagree with a decision made about access to your PHI, you may file a written complaint with Lisa F. Ligammari, LCSW, LLC Counseling Services & Associates. You may also send a written complaint to the Secretary of the Department of Health and Human Services.

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By signing below, I indicate that I understand the above information and have been provided a copy of the Notice of Privacy Practices.

Name: _____

Signature: _____ **Date:** _____