

www.Iwantabetterlife.net

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Notice of Privacy Practices - Short Version

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.

MY COMMITMENT TO YOUR PRIVACY

My practice is dedicated to maintaining the privacy of your personal health information. I am also required by law to do this. These laws are complicated, but I must provide you with important information.

I will use the information about your health, which I get from you or from others, mainly to provide you with **treatment** or for some other business activities which, in the law, are called health care operations. After you have read this NPP I will ask you to sign an **INFORMED CONSENT AND PRACTICE POLICIES form**.

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

Of course, I will keep your health information private but there are some times when the laws require me to use or share it such as:

1. When there is a serious threat to your health and safety or another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires me to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations similar to the above but they do not occur very often. They are described in the longer version of the NPP.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You may ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you may ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell certain individuals involved in your care, or the payment for your care, such as family members and friends. However, I do not have to agree to your request. If I do agree, I will keep our agreement except if it is against the law, an emergency, or the 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 records. You may even get a copy of these records but I will probably charge you for the copies.
4. If you believe the information in your records is incorrect or incomplete, you may ask me to make certain changes (called amending) to your health information. You have to make this request in writing. You must tell me the reason(s) you wish to make the changes.
5. You have the right to a copy of this notice. If I change this NPP, I will post it in my waiting room and you can always get a copy on request.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have questions regarding this notice, or my health information privacy policies, please contact Gary Dittrich at (513) 518-0773 or gkd7856@gmail.com.

The effective date of this notice is April 1, 2011.