

R. Jane Gould, LICSW  
And Associates  
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

This notice covers information in our written and electronic records which concerns you, your health care, and payments for your health care. How your information is protected and shared is of particular interest.

Although I work independently, as a solo practitioner, I do occasionally hire assistants to help with administrative duties, and they may have limited access to your information. Generally, such staff deal with billing and collection with respect to your insurance company; they may also deal with general organization and office operations. If at any time, you have questions regarding your records, how they are used, or who the individuals are, you may ask for additional information.

I am permitted or required, in certain rare cases, to disclose information about you, without your consent. These include but are not limited to:

Disclosures to avert serious harm to yourself or others.  
Disclosures with reference to legal proceedings, worker's compensation or the Food and Drug Administration.

Other disclosures are made only with your written authorization, and you may revoke these at any time. In those instances where I am asked for information for purposes outside of treatment, payment for treatment or health care operations, I will obtain authorization from you before releasing this information.

We may contact you to provide appointment reminders or information about treatment reminders or other health related benefits and services that may be of interest to you. We may contact you at a specified phone number, be it work, home, or cell, and leave messages. Please note on the intake form if you do not wish messages to be left. We may also use email if you designate this option.

You have the following rights regarding your health information

1. To request restrictions on certain uses and disclosures where possible.
2. To receive confidential communications of protected health information.
3. To inspect and copy protected health information, as provided in the Privacy Regulation.
4. To amend protected health information.
5. To receive an accounting of disclosures of protected health information.
6. To obtain a paper copy of the notice from me.

If you believe your rights have been violated or wish to file a complaint, you may do so with me or the Secretary of the Department of Health and Human Services without fear of retaliation by either organization.

I hereby acknowledge that I have read R. Jane Gould's Notice of Privacy Practices and received a copy (if requested).

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Signature

Print Name

Date

4/13/2009