

Jennifer Eckel, LCSW

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Notice of Privacy Practices, Effective June 1, 2014

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

This notice describes the privacy practices of Jennifer Eckel, LCSW. I am required by law to maintain the privacy of protected health information. I am also required by law to provide you with this notice telling you about our legal duties and privacy practices with respect to protected health information.

How I May Use and Disclose Health Information About You to Other People.

When I have your written permission: If you give me written permission to use or disclose your health information to someone else, I will use or disclose it according to your instructions. You may revoke your permission, in writing, at any time, except to the extent that I have already used and disclosed the information that you gave me permission to use or disclose.

The following categories describe different ways that I may use and disclose health information about you without your written permission.

Payment: I may use and disclose health information about you so that I can bill and receive payment for the treatment and services you receive in order to bill and be paid for the treatment services provided. I have to follow Virginia law that limits the amount of health I can disclose about you. For example, I may send a bill to you or someone who has agreed to pay your medical bills.

Required by Law: I will disclose health information about you when I am required to do so by a federal, state, or local law or regulation.

Public Safety: If I reasonably believe that you pose a serious and imminent threat to a specifically identifiable person or the public, I may communicate those facts necessary to prevent or lessen the potential threat.

Judicial and Administrative Proceedings: When a court orders us to disclose health information, I will disclose the information that the court orders. I will also disclose health information in response to a subpoena that meets the requirements of Virginia law.

Law Enforcement Officials: I may disclose health information to a law enforcement official in response to a valid subpoena or other legal process or if the disclosure is required by state or federal law.

Victims of Abuse and Neglect: If I reasonably believe that you are a victim of abuse or neglect, I will disclose health information about you a government agency authorized by law to receive such information, to the extent that I am required to do so by law.

Other uses and disclosures will be made only with your written authorization (Permission). You may revoke your authorization in writing at any time, except to the extent that I have acted in reliance on the authorization.

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Your rights regarding Health Information about you.

You have the following rights regarding the health information I maintain about you.

Right to Inspect and Copy: You have the right to inspect and copy health information that I maintain about you as allowed by state and federal law. If you request a copy of your information, I may charge a fee for copying, labor, supplies, and mailing.

I may deny your request in certain circumstance. If you are denied access to your health information, you may request that the denial be reviewed by a professional not involved in your care, and not by the person who denied your request. I will comply with the outcome of the review. If you are denied access to any portion of your record, you have the right to ask that a psychiatrist, doctor, psychologist, or lawyer of your choosing get a copy of what has been denied to you.

Right to Amend: If you feel that the health information that I have about you is incorrect or incomplete, you may ask me to amend, or correct, the information. You have the right to request an amendment for as long as the information is kept by or for me.

We may deny your request to amend information that

1. Was not created by me, unless the person or organization that created the information is no longer available to make the amendment
2. Is not part of the health information kept by or for me.
3. Is not part of the information that you would be permitted to inspect and copy; or
4. Is accurate and complete,

If your request is denied, you have the right to ask me to put statement of disagreement in your record.

Right to an Accounting of Disclosures: You have right to request and receive a list of the disclosures that I have made of your health information.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information I use, or disclose about you for treatment, payments or health care. I am not required to agree to your request. If I do agree, I will comply with request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to: Jennifer Eckel, LCSW. In your request, you must tell me:

1. What information you want to limit
2. Whether you want to limit our sue, disclosure or both
3. To Whom you want the limits to apply

Right to Request Confidential Communications: You have the right to request that I communicate with you about health matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail.

Right to a Paper Copy of the Notice: Upon your request, you have right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.

I have been provided a copy of this Notice of Privacy Practices.

Please sign and date:
