

Dr. Nadia Delshad, PsyD, LPC, LCMHC

Phone: (603) 552-5664

www.eftplcc.com

Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received a copy of Dr. Nadia Delshad's Notice of Privacy Practices, and that I have reviewed and understand it. I understand that the Notice of Privacy Practices may be revised from time to time, that the changes will apply to all information that Dr. Nadia Delshad has about me.

I understand that the current version of the Notice of Privacy Practices will be available in Dr. Nadia Delshad's office, and that I am entitled to receive a copy of the Notice of Privacy Practices upon request.

Notice of Privacy Practices

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

All communications regarding your rights or this notice may be directed to:

Dr. Nadia Delshad, PsyD, LPC, LCMHC.

Phone: (603) 552-5664.

www.eftplcc.com

Your Rights

You have the right to:

- Get a copy of your paper or electronic health record.
- Correct your paper or electronic health record.
- Request confidential communication.
- Get a list of those with whom I've shared your information.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way that I use and share information as I:

- Tell family and friends about your condition.
- Provide mental health care.
- Market my services.

Uses and Disclosures

I may use and share your health information as I:

- Treat you.

- Run my organization.
- Bill for services provided to you.
- Help with public health and safety issues.
- Comply with the law or address government requests.
- Respond to lawsuits and legal actions.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information I have about you. Ask me how to do this.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

Ask me to correct your health record

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.
- I may say "no" to your request, but I'll tell you why in writing within 60 days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, via your home or office phone) or to send mail or email to a different address.
- I will say "yes" to all reasonable request.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say "no" if it would affect your care.
- With certain sensitive mental health information, I may not be able to use or share that information for payment or operations without your written authorization to do so. I will ask you for this authorization, but you may refuse to grant me this authorization or you may revoke an authorization that you have previously granted to me.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my

operations with your health insurer. I will say "yes" unless a law requires me to share that information.

Get a list of those with whom I've shared information

- You can ask for a list (an accounting) of the times I've shared your health information for up to six years prior to the date you ask, who I've shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure that person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me using the information on page 1 of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775
- I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to share information with your family, close friends, or others involved in your care.

In these cases, I may not be able to share your information unless you give me written permission:

- Marketing purposes.
- Most sharing of psychotherapy notes.

There are special rules for certain mental health information called "psychotherapy notes." Psychotherapy notes means notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joining, or family counseling session. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Specifically, I may not be able to share psychotherapy notes without your written permission except for:

- Use by the originator of the psychotherapy notes for treatment.
- Use or disclosure by your provider for its own training programs.
- Use or disclosure by your provider to defend itself in a legal action or other proceeding.

My Uses and Disclosures

How do I typically use or share your health information?

I typically use or share your health information in the following ways.

Treat you

I can use your health information and share it with other professionals who are treating you.

Example: If you are seeing multiple health care providers, those providers will be able to share your health information to coordinate treatment.

Run my organization

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

Example: I use health information about you, such as when you have an appointment scheduled or your diagnosis, to manage your treatment and services.

Bill for your services

I can use and share your health information to bill and get payment from health plans or other entities. Example: I give information about you to your health insurance plan so it will pay for the services you receive from me.

How do I typically use or share certain mental health information?

Because there are special rules regarding the use and disclosure of certain mental health information, including psychotherapy notes, as discussed in detail on pages 3-4 above, I will use or disclose certain mental health information as you authorize me.

If you have authorized me to share your mental health information, including any psychotherapy notes, I can disclose that information to associated health care providers as necessary.

How else can I use or share your health information?

I am allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

I can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.
- Preventing disease.

Comply with the law

I will share information about you if state or federal laws require it, including with the U.S. Department Health and Human Services if it wants to see that I'm complying with federal privacy law, as well as with the New Hampshire and Oregon Department of Human Services, or such other state agency with appropriate authority, if it wants to see that I'm complying with state law.

Work with a medical examiner or funeral director

I can share health information with a coroner, medical examiner, or funeral director when an individual dies, if necessary.

Address workers' compensation, law enforcement, and other government requests

I can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

I can share health information about you in response to a court or administrative order, or in response to a subpoena.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request and in my office.

Effective Date of this Notice

This notice is effective as of June, 2020.

Signature:

Date: