

**THE SOLUTION CENTER, LLC**



*100 Manetto Hill Road, Suite 205*

*Plainview, NY 11803*

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*Hauppauge, NY 11788*

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**NOTICE OF PRIVACY**

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**I. Confidentiality**

As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. However, there are some important exceptions to this rule of confidentiality:

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

- **Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- **Child Abuse Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by New York State law to report the matter immediately to the Department of Social Services.
- **Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by law to immediately make a report and

provide relevant information to the New York State Department of Welfare or Social Services.

- **Health Oversight:** Licensed psychologists, social workers, therapists and counselors may report misconduct by a health care provider of their own profession; if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to make such a report. If you are yourself a health care provider, I am required by law to report to your licensing board that you are in treatment with me if I believe your condition places the public at risk.
- **Court Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena.

Psychotherapy information is not protected by patient-therapist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be “necessary for the proper administration of justice.”

- **Serious Threat to Health or Safety:** By law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include: 1.) warning the potential victim/s (or the parent or guardian of the potential victim/s if under 18); 2.) notifying a law enforcement officer, or 3.) seeking your hospitalization.
- **Records of Minors:** Some laws limit the confidentiality of the records of minors.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (for example, you may not want a family member to know that you are seeing me. your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages). To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

## **II. Right to an Accounting of Disclosures**

You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section I of this Notice). On your written request, I will discuss with you the details of the accounting process

## **III. Right to Inspect and Copy**

In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to

information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

#### **IV. Complaints**

If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You may also send a written complaint to the U.S. Department of Health and Human Services.

EFFECTIVE DATE: \_\_\_\_\_