

Lux Therapy Center Bijal Patel LLC

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Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW CONFIDENTIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practice, legal obligations and your rights concerning your health information: Protected Health Information (PHI). I must follow the privacy practices that are described in this Notice, which may be amended from time to time.

This is not intended to be a substitute for specific statutory language and legal advice regarding your rights and our responsibilities. If you have a specific legal question, please seek legal advice from a qualified attorney.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy. Routine operations for **Bijal Patel LLC** would not require me to secure authorization before sharing your information. Routine is defined as any services that do not have to do with treatment, i.e administrative functions, and quality assurance functions. Any information which is shared is done so by disclosing only that information which is “minimally necessary” in order to perform the operation that is necessary. The examples provided in each category below are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **Treatment:** I may use PHI to provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.
2. **Payment:** I may use or disclose PHI to secure payment for services which I have provided.
3. **Court Orders:** I may use and disclose PHI in response to a court or administrative order. I will share information in response to a subpoena. I will seek your authorization to share information requests in regards to discovery proceedings, or other lawful requests.
4. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by federal, state, and local law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health and safety or the health and safety of others. I will also share PHI with authorities that monitor compliance with privacy practices.

When information is shared outside of “routine operations” I will seek your authorization in writing

B. Uses and Disclosures Requiring Your Written Authorization

I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. For this reason, if information about your participation in therapy is to be released to anyone, I will require a signed “Release of Information” from you for any of the following:

1. **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you (“Psychotherapy Notes”) will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
2. **Marketing Communications:** I will not use your health information for marketing communications without your written authorization.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I A above will only be made with your written authorization. For example, you will need to sign an authorization form before I can

send PHI to a school, or your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. **Right to Inspect and Copy.** You may request access to your PHI maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records if I believe the information may be harmful to you or someone else. You have the right to appeal any denials. I may charge a fee for the costs of copying and sending you any records requested.
- B. **Right to Alternative Communications.** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations. For example, you can request that I only contact you at work or by mail. To make a request it must be made in writing.
- C. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations. You can request a list of disclosures going back for up to six years but not earlier than April 14, 2003. There will be no charge for one list per 12 month period. There may be a charge for more than one list per year.
- D. **Right to request Amendment.** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request if it is determined that the PHI is 1) correct and complete 2) was not created by **Bijal Patel LLC** and is not part of our records, or 3) is a type of information that I cannot disclose. If I deny the request for changes, I will tell you in writing the reasons for denial and explain rights to have your request and our denial, together with any statement of disagreement made part of your PHI. If we approve the request, we will change the PHI, and tell you and others that need to know, about the change.
- E. **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to your clinician at any time.
- F. **Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the **Privacy Officer**. I am an independent practitioner and am therefore the Privacy Officer for my clinical practice. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. Phone: 1-800-368-1019; or by sending an email to OCRprivacy@hhs.gov. I will not discriminate against you in any way for filing a complaint.

I acknowledge that I have received a copy of the Notice of Privacy Practices Bijal Patel, LLC. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

Client Name _____ Date of Birth _____

Client Signature _____ Date _____

Relationship to Client _____
(If signed by authorized representative)