

Notice of Privacy Practices

This Notice of Privacy Practices describes the legal obligations of Bridget Tremblay PsyD, LMFT and your legal rights regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you

Use and Disclosure for Treatment, Payment and Health Care Operations

For Treatment: I may use or disclose your protected health information to facilitate treatment or services by providers. For example, I might disclose information or consult with your primary care physician in order to coordinate your treatment services.

For Payment: I may use or disclose your protected health information to facilitate payment for the treatment and services you receive or to coordinate insurance reimbursement. I may share your protected health information with another entity to assist with the processing of payments.

For Health Care Operations: I may use and disclose your protected health information for other Company operations. These operations are activities that relate to the performance and operation of my practice. For example, to improve and assess my practice through audits, administrative services, case management and care coordination.

Treatment Alternatives or Health-Related Benefits and Services: I may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

As Required by Law: I will disclose your protected health information when required to do so by federal, state, or local law.

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Uses and Disclosures without Authorization:

Child Abuse: If I suspect or have reasonable cause that a child has been abused or neglected, I must report the matter to the appropriate authorities as required by law.

Elder, Adult or Dependent Abuse: If I suspect or have reasonable cause that an adult who is disabled or dependent has been abused, neglected, or exploited, I must report to the appropriate authorities as required by law.

Worker's Compensation: I may release your protected health information for worker's compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to worker's compensation and similar programs that provide benefits for work-related injuries or illness.

To Avert a Serious Threat to Health or Safety: I may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities: I may disclose your protected health information to a health oversight agency for activities authorized by law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, I may disclose your protected health information in response to a court or administrative order. I may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Required Disclosures

Government Audits: We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You: When you request, I am required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care treatment. I am also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

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Other Disclosures

Personal Representatives: I will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, I do not have to disclose information to a personal representative if I have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or (2) treating such person as your personal representative could endanger you; and (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members: With only limited exceptions, I will send all mail to you. If you have requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, I will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations: Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, I will not use or disclose your psychiatric notes; I will not use or disclose your protected health information for marketing; and I will not sell your protected health information, unless you give me a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing.

Your Rights

Right to Inspect and Copy: You have the right to inspect and copy certain protected health information that may be used to make decisions about your treatment. If I believe that it may be harmful for you to receive the records, I may deny the request. In those cases, you may request a summary and to have the records sent to another provider or attorney.

Right to Amend: If you feel that the protected health information I have about you is incorrect or incomplete, you may ask to amend the information. In addition, you must provide a reason that supports your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

Right to an Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

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Right to Request Restrictions: You have the right to request a restriction or limitation on your protected health information that I use or disclose for treatment, payment, or health care operations.

Right to Request Confidential Communications: You have the right to request that I communicate with you about medical 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 This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights

Your signature below indicates that you have read the information in this document and received a copy of this information for your records.

Client Name (Printed)

Date

Client or Parent/Guardian Signature

Date

Bridget N. Tremblay, PsyD, LMFT

Date

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