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

**NOTICE OF PRIVACY PRACTICES**

The following is the Notice of Privacy Practices of Jodi C. Berman, Ph.D. HIPAA is a federal law that requires me to maintain the privacy of your protected health information (PHI) and to provide you with notice of my legal duties and privacy policies with respect to your PHI. I am required by law to abide by the terms of this Notice of Privacy Practices.

**Your Protected Health Information**

Your “protected health information” (PHI) broadly includes any health information, oral, written or recorded, that is created or received by me, other healthcare providers, and health insurance companies or plans that contains data such as your name, address, social security number, and other information that could be used to identify you as the individual patient who is associated with that health information.

**Uses or Disclosures of Your Protected Health Information**

Generally, I may not “use” or “disclose” your PHI without your permission, and must use or disclose your PHI in accordance with the terms of your permission. “Use” refers generally to activities within my office. “Disclosure” refers generally to activities involving parties outside of my office. The following are the circumstances under which I am permitted or required to use or disclose your PHI. In all cases, I am required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required.

Without Your Written Authorization

Without your written authorization, I may use within my office or disclose to those outside my office your PHI to provide you with the treatment you require or request, to collect payment for services, and to conduct other related healthcare operations as follows:

*Treatment activities include:* (a) use within my office by myself or my professional staff for the provision, coordination, or management of your healthcare (this includes consultation with another psychologist or healthcare professional); and (b) my contacting you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

*Payment activities include:* (a) disclosures to your health plans or plan administrators, or their appointed agents to determine coverage, to complete medical necessity, care, and utilization reviews, and to submit claims and obtain payment for services; (b) disclosures for billing for which I may utilize the services of outside billing companies and claims processing companies with which I have Business Associate Agreements that protect the privacy of your PHI; and (c) disclosures to attorneys, courts, collection agencies and consumer reporting agencies, of information as necessary for the collection of my unpaid fees. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary and I will notify you in writing prior to making collection efforts.

*Health care operations include:* (a) use within my office for training of professional staff and for internal quality control and auditing functions (b) use within my office for general administrative activities such as filing, typing, etc.; and (c) disclosures to my attorney, accountant, bookkeeper and similar consultants to my healthcare operations, provided I have entered into Business Associate Agreements with such consultants for the protection of your PHI.

**PLEASE NOTE THAT UNLESS YOU REQUEST OTHERWISE, AND I AGREE TO YOUR REQUEST, I WILL USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT ACTIVITIES, PAYMENT ACTIVITIES, AND HEALTHCARE OPERATIONS AS SPECIFIED ABOVE, WITHOUT WRITTEN AUTHORIZATION FROM YOU.**

### As Required By Law

I may use or disclose your PHI without authorization to the extent that such use or disclosure is required by law. Examples of instances in which I am required to disclose your PHI include:

- (a) Child or elder abuse or neglect including reporting to social service, child protective services agencies, and/or law enforcement agencies;
- (b) Health oversight activities including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs;
- (c) Judicial and administrative proceedings in response to an order of a court or administrative tribunal, or other lawful process;
- (d) Serious threat to health or safety, which involves disclosure of PHI to protect you or others from a serious and imminent threat to the health or safety of a person or the public;
- (e) Worker's compensation claims, and
- (f) Requirements by the Secretary of Health and Human Services to investigate or determine compliance with federal regulations, including those regarding government programs providing public benefits.
- (g) When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as Health and Human Services or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits and national security and intelligence.

There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

### Uses and Disclosures Requiring Authorization

Except as otherwise permitted or required as described above, I may not use or disclose your PHI without your written authorization. "Authorization" is written permission above and beyond the general consent that permits only specific disclosures. I am required to use or disclose your PHI consistent with the terms of your authorization. Authorization will be obtained before using or disclosing PHI (a) in a way not described in this Notice of Privacy Practices; (b) for marketing purposes, including subsidized treatment purposes; and (c) in a way that is considered a sale of PHI. I am also required to obtain authorization before releasing your psychotherapy notes. "Psychotherapy notes" are records of communications made during individual, group, or family counseling, which may be maintained in addition to and separate from the medical or healthcare records. These notes are given a greater degree of protection than PHI.

### Revocation of Authorization

You may revoke your authorization to use or disclose any PHI at any time except to the extent that (a) I have already taken action in reliance on such authorization; or (2) if you provided the authorization as a condition of obtaining insurance coverage, law provides the insurer with the right to contest a claim under the policy.

### **Your Rights With Respect to Your Protected Health Information**

Under HIPAA, you have certain rights with respect to your PHI. The following is an overview of your rights and my duties with respect to enforcing those rights.

#### Right to Request Restrictions on Use or Disclosure

You have the right to request restrictions on certain uses and disclosures of your PHI. While I am not required to agree to any requested restriction, if I agree to a restriction, I am bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. I will not accept a request to restrict uses or disclosures that are otherwise required by law. I require that all requests for restrictions be in writing and that you state a reason for the request.

#### Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

#### Right to Receive Confidential Communications by Alternative Means and at Alternative Locations

You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests.

**Right to Inspect and Copy Your Protected Health Information**

You have the right to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in situations where (a) there is compelling evidence that access would cause serious harm to you; (b) the information is contained in separately maintained psychotherapy notes; (c) the information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or (d) health information maintained by me to the extent to which the provision of access to you would be prohibited by law. If your records are maintained electronically, you may also request electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

**Right to Amend**

If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy.

**Right to an Accounting of Disclosure**

You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to be Notified if There is a Breach of Your Unsecured PHI**

You have a right to be notified if: (a) there is a breach (a use or disclosure of you PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; or (c) my risk assessment fails to determine that there is a probability that your PHI has been compromised.

**Right to a Copy of this Notice**

You have the right to a copy of this notice.

**Requests**

I require written requests for copies of your PHI. If you request a copy of your PHI, I will charge a fee for copying. I reserve the right to deny you access to and copies of all or certain PHI as permitted or required by law. Upon denial of a request for access or request for information, I will provide you with a written denial specifying the basis for denial, a statement of your rights, and a description of how you may file an appeal or complaint.

**Complaints**

You may file a complaint with me and with the Secretary of DHHS if you believe that your privacy rights have been violated. Please submit any complaint to me in writing by mail to the Privacy-Security Officer at the mailing address below. A complaint must name the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Notice of Privacy Practices. A complaint must be received by me or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

**Amendments to this Notice of Privacy Practices**

I reserve the right to revise or amend this Notice of Privacy Practices at any time. These revisions or amendments may be made effective for all PHI I maintain even if created or received prior to the effective date of the revision or amendment. Upon your written request, I will provide you with notice of any revisions or amendments to this Notice of Privacy Practices or changes in the law affecting this Notice of Privacy Practices, by mail or electronically within 60 days of receipt or your request.

**Ongoing Access to Notice of Privacy Practices**

I will provide you with a copy of the most recent version of this Notice of Privacy Practices at any time upon your written request sent to the Privacy-Security Officer at the mailing address below. For any other requests or for further information regarding the privacy of your PHI, and for information regarding the filing of a complaint, please contact us at the address, telephone number, or e-mail address listed above.

**Contact Information**

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