

TRAUMA RESEARCH INSTITUTE
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Notice of Privacy Practices (NPP)

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.

My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law to keep your information private. These laws are complicated, but I must give you this important information.

I will use the information about your health, which I get from you or from others, mainly to provide you with treatment, to arrange payment for our services, and for some other business activities that are legally referred to as "health care operations." After you have read this NPP, I will ask you to sign a Consent Form to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

If I (or you) want to use or disclose (send, share, release) your information for any other purposes, I will discuss this with you and ask you to sign an authorization form to allow this.

Of course, I will keep your health information private but there are sometimes when the law requires me to share it. For example:

- When there is a serious threat to your health and safety, or the health and safety of another individual or the public, or another individual's property. We only share information with the person or organization that is able to help to prevent or reduce the threat.
- If there is any suspicion of child abuse, neglect, molestation, or sexual abuse.
- If there is any suspicion of elder abuse or neglect.
- If you are unable to take care of basic needs for yourself.
- Some lawsuits and legal or court proceedings.
- For Workers Compensation and similar benefit programs.
- If a law enforcement official requires us to do so.

Your rights regarding your health information:

- You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
- You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I do not have to agree to your request, if I do agree, I will keep our agreement except if it is

- against the law, or in an emergency, or when the information is necessary to treat you.
- You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records, but I may charge you. Contact me to arrange how to see your records.
 - If you believe the information in your record is incorrect or missing important information, you can ask me to make some kinds of changes to your health information. You must make this request in writing and send it to your therapist. You must tell me the reasons you want to make the changes.
 - You have a right to copy of this notice. If I change this NPP, I will post the new version in my waiting area and you can always get a copy of the NPP from me.
 - You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide you in any way.

If you have any questions regarding this notice or my health information privacy policies, please discuss them with me.