

## Rhode Island Counseling

### and Hypnotherapy Center, Inc. (RICHC, Inc.)

**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.**

RICHC, Inc. is required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your protected health information. "Protected health information" is information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

RICHC, Inc. is required to follow the terms of this Notice of Privacy Practices. RICHC, Inc will not use or disclose your protected health information without your written permission, except as described in this Notice. RICHC, Inc. reserves the right to change our practices and this Notice and to make the new Notice effective for all protected health information we maintain. Upon your request, we will provide you with a revised Notice.

#### Your Health Information Rights

You have the following rights with respect to your protected health information:

- *Obtain a paper copy of the Notice of Privacy Practices upon request.* You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy

of the notice. To obtain a copy of the Notice, contact Dr. Norma Ann Faraone-Ledgard.

- *Request a restriction on certain uses and disclosures of your information.* You have the right to request a restriction on the protected health information ("PHI") that we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. However, we are not required to agree to your request. To request restrictions, you must send a written request to Dr. Norma Ann Faraone-Ledgard, RICHC, Inc. 310 Barrington, RI 02806
- *Inspect and obtain a copy of your information.* You have the right to access and copy PHI about you contained in your medical and billing records for as long as RICHC, Inc. maintains the information. To read or copy your PHI, you must send a written request to our office. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may deny your request to read and copy in certain limited circumstance.
- *Amend your information.* If you feel that the PHI we have about you is incomplete or incorrect, you may request that we amend the information. You may request an amendment for as long as we maintain your health information. To request an amendment, you must send a written request to Dr. Norma Ann Faraone-Ledgard.
- *Receive an accounting of disclosures of your information.* You have the right to receive an accounting of the disclosures of a specific time period. To request an accounting, you must submit in writing to Dr. Norma Ann Faraone-Ledgard You may be charged for the cost of providing this information.
- *Request communications of your information by alternative means or at alternative locations.* For instance, you may request that we contact you about medical matters only in writing or at a different residence or PO box.

To request confidential communication of your PHI, you must submit your request in writing to Dr. Norma Ann Faraone-Ledgard.

#### **Examples of how RICHC, Inc. may use and disclose protected health information about you:**

- RICHC, Inc. will use your protected health information for treatment. Information obtained by other treating medical professionals will be recorded in your record and used to determine the course of treatment that should work best for you.
- RICHC, Inc. will use your protected health information for payment. A bill may be sent to you or a third party payor. The information on or accompanying bill may include information that identifies you, as well as your diagnosis, procedures, etc.
- RICHC, Inc. will use your protected health information for communication purposes with individuals involved in your care or payment for your care.
- RICHC, Inc. will use your protected health information for issues as required by law, by disclosing your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- RICHC, Inc. will use your protected health information accordingly for law enforcement purposes as required by law or in response to a valid subpoena or court order.
- RICHC, Inc. will use your protected health information to a coroner or medical examiner for investigation purposes.
- RICHC, Inc. will use 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.
- RICHC, Inc. will use your protected health information when necessary to authorized federal officials for intelligence, counterintelligence, and other national security activities by law, and protection issue to the President, authorized persons or foreign heads of state, or conduct special investigations.

Name of Patient \_\_\_\_\_

**Regulatory Compliance:** Federal law makes provisions for your medical information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a member of RICHC, Inc.'s work force or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Victims of Abuse or Neglect:** RICHC, Inc. may disclose PHI about you to a government authority, such as the Rhode Island Department for Children and Families or the Rhode Island Department of Elderly Affairs, if we reasonably believe you are a victim of abuse or neglect. RICHC, Inc. will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report has been or will be made unless there is reason to believe that providing this information will place you in serious harm. In Rhode Island, health care providers are required to report cases of abuse or neglect of children or elders, but they are not required to report cases of domestic violence.

**Other Uses and Disclosures of PHI:** RICHC, Inc. will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

**Compliance with Laws:** If more than one law applies to this Notice, we will follow the more stringent law.

**For more information:** If you believe your privacy rights have been violated, you can file a complaint with the United States Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective date: April 14, 2003.



**Dr. Norma Ann Faraone-Ledgard  
Rhode Island Counseling and  
Hypnotherapy Center, Inc.**

**Hypnosis Therapy Institute  
145 Waterman St  
Providence, RI 02906**

**20 Danforth St  
Rehoboth MA 02769  
401-241-8368**

I acknowledge that I have received read and received a copy of this Notice of Privacy Practices.

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Print name

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Signature

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Date