

**William K. Galer, LMFT
Psychotherapy Services**

Notice of Privacy Policy
Effective January 1, 2013

Date: _____

General Information: This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The following is the privacy policy of William K. Galer, LMFT as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated there under, commonly known as HIPAA. HIPAA requires William K. Galer, LMFT by law to maintain the privacy of your personal health information and to provide you with notice of William K. Galer's legal duties and privacy policies with respect to your personal health information. William K. Galer, LMFT must obtain your written consent before we can disclose information about you, including for payment and referral purposes. We are required by law to abide by the terms of this Privacy Notice, Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Subject Records, Chapter 1, Part 2). Federal law permits William K. Galer, LMFT to disclose information in the following circumstances without your written permission:

- To William K. Galer, LMFT staff for the purposes of providing services
- Pursuant to an agreement with a business associate (Clinical laboratories, pharmacy, record storage services, billing services)
- To report a crime committed on the program's premises or against program personnel
- To medical personnel in a medical / psychiatric emergency
- To appropriate authorities to report suspected child abuse or neglect
- To report certain infectious illnesses as required by state law
- As allowed by a court order

Before William K. Galer, LMFT can use or disclose any information about your health in a manner, which is not described above, we must first obtain your specific written consent allowing us to make the disclosure. You may revoke any such written consent in writing. (Note: Revoking a consent to disclose information to a court, probation department, parole office, etc. may violate an agreement that you have with that organization and may result in legal consequences for you.)

Your Rights:

- Under HIPAA, Title 42, and Title 45, you have the right to request restrictions on certain uses and disclosures of your health and service information. William K. Galer, LMFT is not required to agree to any restrictions that you request, but if it does agree with them, it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
- You have the right to request that we communicate with you by alternative means or at an alternative location (e.g. another address). The program will accommodate such requests that are reasonable and will not request an explanation from you.
- If your request to any of the above is denied, you have the right to request a review of the denial by the program Administrator.
- To make any of the above requests, you must submit a written request to William K. Galer, LMFT.
- You also have the right to receive a paper copy of this notice.

The Use of Your Information by William K. Galer, LMFT: In order to provide you with the best service, William K. Galer, LMFT will collect personal health information from you each time you see or speak with a physician or clinical team member employed by William K. Galer, LMFT. Your record may contain demographic information (name, age, address, discussions, symptoms, evaluation and test results, diagnosis, service plans for past, current, and future service. This information may be collected orally, written, or recorded. This information may also be obtained by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans.

The Duties of William K. Galer, LMFT: The provider is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. The program will provide current Subjects with an updated notice, and will provide affected former Subjects with new notices when substantive changes are made in the notice.

I/We have read and been provided a copy of this information. For Couples both Partners are required to sign.

Patient's Name (Print)

Patient's Name (Signature)

Date

Patient's Name (Print)

Patient's Name (Signature)

Date