

**THE SANTOSHA INSTITUTE, LLC
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Montclair, NJ 07042
License # 4769**

NEW JERSEY HIPPA NOTICE FORM

**Notice of Psychologists' Policies and Practices to Protect the
Privacy of Your Health Information**

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

Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
- “Payment” is when I provide information to your insurance company so that you can obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer so that you can obtain reimbursement for your health care or to determine eligibility of coverage.
- “Health Care Operations” are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office, such as releasing, transferring or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain a written authorization from you before releasing this information. I will also need to obtain an authorization from you before

releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (I) I have relied on that authorization; (II) if the authorization was obtained as a condition of acquiring insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a child has been subject to abuse, I am obligated and will report this immediately to the New Jersey Division of Youth and Family Services.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, I may report the information to the county adult protective services provider.
- **Health Oversight:** If the New Jersey State Board of Psychological Examiners issues a subpoena, I may be compelled to testify before the Board and produce your relevant records and papers.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law and I must NOT release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I must inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me a threat of imminent serious physical violence against a readily identifiable victim or yourself or the public and I believe you intend to carry out that threat, I must take steps to warn and protect. I also must take steps if I believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps I take to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other health care facility, advising the police of your threat and the identity of your protected victim, warning the intended victim or his or her parents if the intended victim is under 18, and warning your parents if you are under 18.
- **Worker’s Compensation:** If you file a worker’s compensation claim, I may be required to release relevant information from your mental health records to a participant in the worker’s compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker’s Compensation, or the Compensation Rating and Inspection Bureau.

Patient's Rights and Psychologists' Duties

Patients Rights:

- Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a certain restriction you request.
- Right to Receive Confidential Communications by Alternate Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and by alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.
- Right to Inspect and Copy: You have the right to inspect and obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI in certain circumstances, but in some cases, you may have this decision reviewed. Upon your request, I will discuss with you the details of the request and denial process.
- Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request I will discuss with you the details of the amendment process.
- Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have provided neither consent nor authorization (as described in Section III of this Notice entitled, *Uses and Disclosures with Neither Consent nor Authorization*). On your request, I will discuss with you the details of the accounting process.
- Right to a paper copy: You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologists' Duties

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a written revised notice by mail or in person at one of your appointments.

Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please contact me to discuss the issue.

If you believe that your privacy rights have been violated and wish to file a complaint with me or my office, you may also send your written complaint to me at: 460 Bloomfield Avenue, Suite 400, Montclair, NJ 07042.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on January 1, 2004. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or in person at your next appointment.

CLIENT INFORMED CONSENT TO TREATMENT

I/We, _____ understand that Dr. Querimit will be providing my treatment for myself/ourselves and/or my minor child. I have read and understood the information provided to me in the *New Jersey Notice Form* and I certify my agreement to engage in treatment with Dr. Querimit.

_____ Date _____
(signature of client or parent/legal guardian)

_____ Date _____
(second signature if needed)

_____ Date _____
(signature of child if applicable (ages 14-18))

I, _____ ***acknowledge that I have been provided with a Notice of Privacy Practices as required by HIPPA, the Health Insurance Portability and Accountability Act.***

_____ Date _____
(second signature if applicable)