**Mindy Loren-Weiner, PMHCNS-BC, NPP, DCEP, EEM-CLP**

**67-32 185 Street**

**Fresh Meadows, N.Y. 11365**

**718-380-4989**

**NOTICE OF PRIVACY PRACTICES**

This notice describes how your "protected health information," (PHI) may be used and disclosed to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. The psychiatry practice of Mindy Loren-Weiner, NPP (MLW) is required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices.

**Confidentiality Practices and Uses**

MLW may access, use and/or share medical information for:

MLW may access, use and/or share medical information for:

Treatment: We may use your information to provide you with treatment or services. For example, consultation with a collaborating psychiatrist may be used to reinforce appropriate treatment.

·

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. In order for an insurance company to pay for your treatment, we must submit information that identifies you, your diagnosis and the treatment provided to you. Therefore, your health information will be passed to an insurer, as necessary, to obtain payment or reimbursement for your treatment.

·

Health care operations: Your records may be reviewed by the collaborating psychiatrist, consultants, attorneys or others to ensure compliance with the laws that affect this practice.

·

To avoid a serious threat to health or safety: As required by law and standards of ethical conduct, your PHI may be released to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the publics health or safety.

·

Victims of abuse, neglect or domestic violence: We may notify the appropriate government authorities if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required by law. We will report suspected abuse and neglect of children under 18 years old without your approval.

Law enforcement: Sometimes we must report some of your health

information to legal authorities, such as law enforcement officials, court officials or government agencies. For example, we may have to respond to a court order.

To those involved with your care or payment of your care: If people such as family members,

relatives or close personal friends are helping care for you, we may release important health

information about you to those people.

Emergencies: We may use or disclose your protected health information

in an emergency treatment situation.

NOTE: *Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information. Even when health information may be shared, actual therapy notes will not be shared without a court order or as required by law.*

**YOUR RIGHTS TO PRIVACY**

Your medical information will not be shared and/or disclosed without your permission except as described in this notice or required by law. You may authorize other disclosures by completing an authorization form. You may also retract (in writing) this authorization at any time. MLW has procedures to assist you with your rights to your medical information.

Any requests you may have of MLW **must** be submitted in writing. You have the right to ask MLW to:

• Limit the use and/or disclosure of your medical information. However, MLW is not required by law to agree to your request.

• Contact you by email or fax, at a specific mailing address or phone number.

• Look at or have a copy of any part of the designated record set maintained by MLW. You may be charged a processing and postage fee for this request.

• Change or add information to your designated record set. However, MLW may not change its **original** document.

• Provide a list of disclosures of your medical information. This will not include disclosures for purposes of treatment, payment, health care operations; or disclosures made to you or with your permission.