

GLADYS CARDONA L.C.S.W.
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NOTICE OF PRIVACY PRACTICES (HIPPA) And PATIENT ACKNOWLEDGEMENT

Privacy is a very important concern for all those who come to my office. This Notice of Privacy Practices describes how I protect your personal health information (PHI), tells how I may use and disclose your clinical information, and explains certain rights you have regarding this information. I am providing you with this notice in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and will comply with the terms as stated. I will obey the rules of this notice as long as it is in effect, but if I change it I will provide you with a copy. These Notice of Privacy Practice have been in effect since January 1, 2008.

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Upon signing the Notice of Privacy Practices I acknowledge that within it's contents, I have received and understand this Practice's Notice of Privacy Practice written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties with respect to my protected health information.

- § A Statement that this Practice is required by law to maintain the privacy of protected health information.
- § A Statement that this Practice is required to abide by the notices currently in effect.
- § Types of uses and disclosures that this practice is permitted to make for each of the following purposes: Treatment, Payment and Health Care Operations.
- § A description of each of the other purposes for which this practice is permitted or required to use or disclose protected health information without my written consent or authorization.
- § A description of uses and disclosures that are prohibited or materially limited by law.
- § A description of other used and disclosures that will be made only with my written authorization and that I may revoke such authorization.
- § My individual rights with respect to protected health information and a brief description of how I may exercise these rights in relation to:
 - § The right to complain to this practice and, to the Secretary of HHS, if I believe my privacy rights have been violated. No retaliatory actions will be used against me in the event of such a complaint.
 - § The right to request restrictions on certain uses and disclosures of my protected health information and that this practice is not required to agree to a requested restriction.
 - § The right to receive confidential communications of protected health information.
 - § The right to inspect and copy protected health information.
 - § The right to amend protected health information.
 - § The right to receive an accounting of disclosures of protected health information.
 - § The right to obtain a paper copy of this Notice of Privacy Practice from this Practice upon request.

This practice reserves the right to change the terms of it's Notice of Privacy Practice and to make new provisions effective for all protected health information that it maintains. If changes occur, this Practice will provide me with a revised Notice of Privacy Practices upon request.