

*Metro Behavioral Health Associates
Jennie J. Kramer, LCSW, PLLC*

*18 East 16th Street, Suite #503
New York, NY 10003
jkramer@jenniekramer.com*

*2 Overhill Rd, Suite 400
Scarsdale, NY 10583
914-907-2600*

HIPAA NOTICE OF PRIVACY PRACTICES

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

(i) Uses and disclosures.

(A) Metro Behavioral Health Associates (“**MBHA**”) may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual;

(B) MBHA may contact a group health plan, or a health insurance issuer or HMO with respect to a group health plan and may disclose protected health information to the sponsor of the plan if requested.

(C) Other uses and disclosures will be made only with your written authorization. You may revoke such authorization as provided by § 164.508(b)(5).

(ii) Individual rights.

(A) You have the right to request restrictions on certain uses and disclosures of protected health information as provided by § 164.522(a), including a statement that MBHA is not required to agree to a requested restriction;

(B) You have the right to receive confidential communications of protected health information as provided by § 164.522(b), as applicable;

(C) You have the right to inspect and copy protected health information as provided by § 164.524;

(D) You have the right to receive an accounting of disclosures of protected health information as provided by § 164.528; and

(F) You have the to receive the notice electronically in accordance with paragraph (c) (3) of this section or to obtain a paper copy of the notice from MBHA upon request.

(iii) Our Duties:

(A) MBHA is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information;

(B) MBHA is required to abide by the terms of the notice currently in effect; and

(C) For MBHA to apply a change in a privacy practice that is described in the notice to protected health information that the covered entity created or received prior to issuing a revised notice, in accordance with § 164.530(i) (2)(ii), a statement that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. The statement must also describe how it will provide individuals with a revised notice.

(iv) Complaints.

You may make a complaint to MBHA if you believe your privacy rights have been violated, either by requesting a meeting with the Director, Jennie Kramer, LCSW or by writing a letter or email to same, and will not be retaliated against in any way for filing a complaint. She can be reached by calling 914-907-2600 or sending an email to jjkramer@optonline.net or writing to the address on the cover page of this document.

(v) Effective date. This notice is in effect as of April 1, 2008.

Please sign the page which follows to acknowledge your receipt of this document. Thank you.

Metro Behavioral Health Associates

Jennie J. Kramer, LCSW, PLLC

18 East 16th Street, Suite #503
New York, NY 10003
jkramer@jenniekramer.com

2 Overhill Rd, Suite 400
Scarsdale, NY 10583
914-907-2600

**Notice of Privacy Practices
Receipt and Acknowledgement of Notice**

Patient Name: _____
Date of Birth: _____

___ (check) I hereby acknowledge that I have received and have been given an opportunity to read a copy of the **HIPAA** Notice of Privacy Practices.

Signature of Patient

Date

Signature of Parent or Guardian if under age 18

Date

Signature of Personal Representative

Date

Describe legal authority and reasons to act as personal representative for this individual:

Clinician (Print)

Signature

Date