

Charles Pilavian, Psy.D.

Psychological and Neuropsychological Services

Notice of Privacy Practices

This Notice Describes How Medical or Psychological Information About You May Be Used and Disclosed and How You May Have Access To This Information.

Please Review the Following Information Carefully

This notice applies to all of the records of your care created at this office. The practice of this office includes Dr. Charles Pilavian, Licensed Clinical Psychologist.

This notice describes practice policies including:

- ✓ The services provided by Clinical Director
- ✓ All areas of the practice (front desk, administration, billing, janitorial etc.);
- ✓ All employees, staff and other personnel that work for or with our facility;
- ✓ Our business associates (including billing services, or other facilities to which we refer patients to) and as by law.

The Practice provides this notice in an effort to comply fully with the Privacy Regulations issued by Department of Health and Human Services in accordance with the Health Insurance Portability Act of 1996 (HIPPA).

The Following are Thoughts About Your Protected Health Information:

We understand that your health information is personal to you, and we are committed to protecting the information about you. As our client, we form paper and electronic records about your health and condition, the type of care our care provided to you, and/or items we provide to you as our client. We need this record to provide for your care and to comply with certain legal and professional requirements.

Your protected health information (PHI) provide us with important material essential to ensuring high quality service in our health care services that apply to your needs. By signing this consent, you as our client, understand that The Practice, has a Notice of Privacy Practices, which you have the opportunity to review at any time. As our Client, you also understand that:

- ✓ We may use and disclose your protected health information (PHI) for treatment, payment, billing your insurance company, referral, supervision, and health care operations (TPO).
- ✓ You have the right to inspect, copy, and amend your PHI. You have the right to request restrictions and to limit the use of your PHI. You have the right to an accounting of the disclosures of your PHI for other than TPO.
- ✓ You have the right to complain about alleged violation to the U.S. Department of Health Services.
- ✓ You can receive a full Notice of Privacy Practices (NPP) by request. Please read it and if you have any questions, please feel free to meet with me [Dr. Pilavian] for clarification or assistance.

I am aware that all my medical records are confidential except as required by law. Finally, I am aware that in order for my Psychologist to bill my services to my insurance company, I am aware that he must disclose certain information such as my diagnoses, frequency and length of sessions.

Client's Name (Please Print)

Client's Signature

Date

Clinical Psychologist

Date