

**Herald Square Psychology**  
**19 West 34<sup>th</sup> St, Penthouse, New York, NY 10001**

**Notice of Privacy Practices**  
**Authorization To Use or Disclose Protected Health Information for**  
**Psychological Services**

The following is the Notice of Privacy Practices of the office of Herald Square Psychology: The Health Insurance Portability and Accountability Act (HIPAA) came into effect April 14th 2003. It is a federal law that requires me to maintain the privacy of your protected health information and provide you with notice of my legal duties and privacy policies with respect to your protected health information (PHI). We are required by law to abide by the terms of this Notice of Privacy Practices.

Protected Health Information, or PHI, includes any health information that contains data that could be used to identify you. PHI can be written or oral and it can be created or received by Herald Square Psychology (HSP), other healthcare providers, and health insurance companies or plans. Additionally, data that could be used to identify you may be your name, social security number, or address, for example.

Without your permission, we may not use or disclose your PHI. Additionally, if you do agree to use or disclosure, I must abide by the terms of your permission (i.e., only to a specific person for a specified period of time). Use of information refers to any activity within my office, and disclosure refers to activities involving a party outside this office.

In the event we need to contact a third party to collect payment for my services we are permitted to use and/or disclose your PHI without your written authorization.

There are specific circumstances when we are required by law to disclose your PHI. Examples of this include:

1. Allegations of child abuse must be disclosed to the appropriate social service agency
2. When there is a severe and imminent risk of harm to yourself or another person we are required to disclose this information
3. To inform workers compensation claims
4. Judicial proceedings, when a court has ordered a subpoena of psychotherapy records.

All other situations, with your specific written authorization:

Except as otherwise permitted or required as described above, we may not use or disclose your PHI without your written authorization. We are also required to abide by the terms to which you have agreed to have your PHI disclosed. You may revoke your authorization to have your PHI disclosed at any time, except to the extent which HSP has already taken action.

Psychotherapy Notes are defined as records of communications during individual, couples, or family counseling which may be maintained in addition to and separate from medical and healthcare records.

**Right to Amend Your Protected Health Information:**

You have the right to amend your PHI, for as long as you have a medical record at this office. Additionally, We have the right to deny this request. If you would like to make an amendment, please do so in writing with a reason why you would like to amend your record.

**Right to Receive an Accounting of Disclosures of Your Protected Health Information:**

You have a right to receive an accounting of the disclosures made of your PHI for which you have not provided an authorization, for the prior six years. Please make this request in writing. HSP is not required to provide accountings of disclosures for the following purposes: payment, disclosures that you have authorized, disclosures to you, disclosures to other healthcare providers involved in your care, for national security purposes, and to correctional institutions.

You may file a complaint with HSP and with the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Please submit your complaint in writing to me at the address below.

**Amendments to this Notice of Privacy Practices:**

We reserve the right to revise or amend this Notice of Privacy Practices at any time. Upon your written request, we will provide with notice of a change in these policies within 60 days of receipt of your request.

We may contact various credit agencies and consumer reporting agencies, with information as necessary for the collection of unpaid fees, provided we notify you in writing prior to making collection efforts that require disclosure of your PHI.

For any requests or questions about my privacy policies feel free to contact our privacy officer:

Tyson Furr, Ph.D.

My mailing address: 19 West 34<sup>th</sup> St. New York, NY 10001

My email address: [dr.furr@doctorfurr.com](mailto:dr.furr@doctorfurr.com) My phone number: 646-602-0149

Acknowledgement of Receipt:

I hereby acknowledge that I received, read and understood this Notice of Privacy Practices effective April 14, 2003, and that any questions I have had about it have been answered.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_