

NOTICE OF PRIVACY PRACTICES & CLIENT RIGHTS

We, Firefly Psychotherapy, are required by federal and state law to maintain the privacy of your health information. We are also required to provide you with this notice about our responsibilities in respect to your health information. We reserve the right to change our privacy practices and the terms of this notice at any time, as those changes are permitted applicable by law. Before any changes are made, we will provide this notice and make the new notice available upon request. This notice describes how any health information about you may be used and disclosed and how you can gain access to this information. You have rights to your health record at any time. You may request that we provide copies to you of this record, which we will be happy to provide to you at cost of .15 per page. *Please review this notice carefully and if you have any questions, concerns, or complaints, feel free to contact your therapist.*

Uses and Disclosures of Protected Health Information (PHI):

Protected Health Information, also known as PHI, includes information such as (but not restricted to): name, address, and insurance information that can be used to identify you. It is information about your past, present and future health condition or payment for healthcare. Firefly Psychotherapy will not use or disclose any more of your PHI as necessary to accomplish the intended purpose. We are legally required to follow the privacy practices that are described in this notice.

Treatment: We may use or disclose your PHI to a physician or other healthcare provider to provide treatment for you with your signed consent.

Payment: We may use and disclose your information to obtain payment for services we provide to you.

Healthcare Operations: We may use your PHI for your healthcare operations. This includes evaluating the quality of healthcare services, reviewing competencies or qualifications of healthcare personnel, conducting training programs, accreditation, certification and/or credentialing activities. Firefly Psychotherapy may also provide your PHI to our accountants, attorneys, consultants, health improvement agencies and others in order to make sure that we comply with all laws.

Patient Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to disclose your PHI to anyone for any purpose. You may revoke an authorization at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. However, unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the notice. We will only disclose your health information to your family and friends to the extent necessary to help with your healthcare ONLY if you have given us permission to do so.

Abuse or Neglect: We may disclose your health information to the appropriate health authorities if we have reasonable belief that you are possibly a victim of abuse, neglect, domestic violence or if we feel as though you are a threat to yourself or others.

Additional Limitations to Confidentiality: When records are ordered to be released by a Judge or Court or should your account be turned over to an attorney/collection agency for non-payment.

Supervision of Children: Children 12 and under are not permitted to be in our office without adult supervision. Please ensure that you make appropriate childcare arrangements prior to your session.