**Reshma Stafford, PsyD**

20 Nassau Street, Suite 511, Princeton, Nj 08554

732.440.8011

[reshma@reshmastafford.com](mailto:reshma@reshmastafford.com)

**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 CAREFULLY**

**Privacy**

As a licensed mental health provider, I am required by state and federal law to maintain the privacy of your protected health information (PHI). PHI includes any identifiable information about your physical or mental health, the health care you receive, and the payment for your health care.

I am required by law to provide you with this notice to tell you how it may use and disclose your PHI and to inform you of your privacy rights. I must follow the privacy practices as set forth in its most current Notice of Privacy Practices.

**This notice refers only to the use/disclosure of PHI. It does not change existing law, regulations and policies regarding informed consent for treatment.**

**Changes to this Notice**

I may change my privacy practices and the terms of this notice at any time. Changes will apply to PHI that I already have as well as PHI that I receive in the future. The most current privacy notice will be posted in my office, and will be available on request. Every privacy notice will be dated.

**How Does Reshma Stafford, PsyD, LLC Use and Disclose PHI?**

I may use/disclose your PHI for treatment, payment and health care operations without your authorization. Otherwise, your written authorization is needed unless an exception listed in this notice applies.

**Uses/Disclosures Relating to Treatment, Payment and Health Care Operations**

The following examples describe some, but not all, of the uses/disclosures that are made for treatment, payment and health care operations.

**For treatment** - Consistent with regulations and policies, I may use/disclose PHI to doctors, nurses, service providers and other personnel (e.g., interpreters), who are involved in delivering your health care and related services. Your PHI will be used to help make a determination on your application for my services, to assist in developing your treatment and/or service plan and to conduct periodic reviews and assessments. PHI may be shared with other health care professionals and providers to obtain prescriptions, lab work, consultations and other items needed for your care.

**To obtain payment** - Consistent with the restrictions set forth in its regulations and policies, I may use/disclose your PHI to bill and collect payment for your health care services. I may release portions of your PHI to the Medicaid or Medicare program or a third party payor to determine if they will make payment, to get prior approval and to support any claim or bill.

**For health care operations** - I may use/disclose PHI to support activities such as program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs (e.g., Medicare), audits, training and credentialing of health care professionals, and certification and accreditation (e.g., The Joint Commission).

**Appointment Reminders**

I may use PHI to remind you of an appointment or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Uses/Disclosures Requiring Authorization**

I am required to have a written authorization from you or your personal representative with the legal authority to make health care decisions on your behalf for uses/disclosures beyond treatment, payment and health care operations unless an exception listed below applies. You may cancel an authorization at any time, if you do so in writing. A cancellation will stop future uses/disclosures except to the extent I have already acted based upon your authorization.

**Exceptions**

• For guardianship or commitment proceedings when Reshma Stafford, PsyD, LLC is a party

• For judicial proceedings if certain criteria are met

• For protection of victims of abuse or neglect

• For research purposes, following strict internal review

• If you agree, verbally or otherwise, Reshma Stafford, PsyD, LLC may disclose a limited amount of PHI

for the following purposes:

• Clergy – Your religious affiliation may be shared with clergy

• To Family and Friends – Reshma Stafford, PsyD, LLC may share information directly related to their involvement in your care, or payment for your care

• To correctional institutions, if you are an inmate

• For federal and state oversight activities such as fraud investigations, usual incident reporting, and

protection and advocacy activities

• If required by law, or for law enforcement or national security

• To NJ Department of Health and Human Services and/or its agencies including service delivery,

eligibility and program management.

• To avoid a serious and imminent threat to public health or safety

• For public health activities such as tracking diseases and reporting vital statistics

• Upon death, to funeral directors and certain organ procurement organizations

**Your Rights**

You, or a personal representative with legal authority to make health care decisions on your behalf, have the right to:

• Request that Reshma Stafford, PsyD, LLC use a specific address or telephone number to contact you.

Reshma Stafford, PsyD, LLC is not required to comply with your request.

• Obtain, upon request, a paper copy of this notice or any revision of this notice, even if you agreed to

receive it electronically.

• \*Inspect and copy PHI that may be used to make decisions about your care. Access to your records

may be restricted in limited circumstances. If you are denied access, in certain circumstances, you may

request that the denial be reviewed. Fees may be charged for copying and mailing.

• \*Request additions or corrections to your PHI. Reshma Stafford, PsyD, LLC is not required to comply

with a request. If it does not comply with your request, you have certain rights.

• \*Receive a list of individuals who received your PHI from Reshma Stafford, PsyD, LLC (excluding

disclosures that you authorized or approved, disclosures made for treatment, payment and

healthcare operations and some required disclosures).

• \*Ask that Reshma Stafford, PsyD, restrict how it uses or discloses your PHI. Reshma Stafford, PsyD, is

not required to agree to a restriction.

**\* These requests must be made in writing. I can provide you with a copy of the necessary HIPAA forms.**

**Record Retention**

Your individual records relating to care and services provided by Reshma Stafford, PsyD, will be retained at a minimum for 7 (seven) years from the date you are discharged from the applicable psychotherapy services. After that time, your records may be destroyed.

**To Contact Reshma Stafford, PsyD, or to File a Complaint**

If you want to obtain further information about Reshma Stafford, PsyD, LLC’s privacy practices, or if you want to exercise your rights, or you feel your privacy rights have been violated, or you want to file a complaint, you may contact: Reshma Stafford, PsyD at reshma@drreshmastafford.com. No one may retaliate against you for filing a complaint or for exercising your rights as described in this notice. You also may file a complaint with the Director, Office of Civil Rights of the US Department of Health and Human Services. I will not retaliate against you if you file a complaint with the director or myself.

**Reshma Stafford, PsyD**

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reshma@drreshmastafford.com

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

By my signature below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I received a copy of the Notice of Privacy Practices for Reshma Stafford, PsyD.

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Signature of client (or personal representative) Date

**If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:**

Personal Representative’s Name:

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Relationship to Client:

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