

## NOTICE OF PRIVACY PRACTICES

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

James R. David, Ph.D., a private practice of psychotherapy (the “practice”), in accordance with the federal law, the Health Insurance Portability and Accountability Act (HIPAA), is committed to maintaining the privacy of your protected health information (“PHI”), and to provide you with this Notice of Privacy Practices.

Your PHI may be disclosed without your authorization in the following circumstances:

- Treatment
- Payment
- Health Care Operations
- When release is required by law, including judicial settings and to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health safety situations.
- About victims of abuse, neglect, or domestic violence.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in their duties.
- To organ, tissue and other donations organization, upon or proximate to your death, if we have no indication on hand about your donation preferences.
- For specialized government functions (such as military personnel, and inmates in correctional facilities).

#### **Special Cases:**

- Appointment reminders, treatment alternatives and other health related benefits and services.
- Sponsor of your health plan.

All other uses and disclosure by me will require me to obtain from you a written authorization in addition to any other permission you will provide me.

**Your Privacy Rights:** You have the following rights concerning your PHI:

- **Restrictions:** To request restricted access to all or part of your PHI. To do this, please make this request in writing. I am not required to grant your request.
- **Confidential Communications:** To receive correspondence of confidential information by alternate means or location. To do this, please make a request in writing.
- **Access:** To inspect or receive copies of your PHI. To do this, please submit a request in writing.
- **Amendments:** To request changes be made to your PHI. To do this, please submit a request in writing.
- **Accounting:** To receive an accounting of the disclosures by me of your PHI in the six years prior to your request (after the effective date of HIPAA, April 14, 2003). To do this, please submit a request in writing.
- **This Notice:** To get updates or reissue of this notice, at your request.
- **Complaints:** To complain to our office or the U.S. Department of Health & Human Services if you feel your privacy rights have been violated. To register a complaint with me, please submit this request in writing. The law forbids me from taking retaliatory action against you if you complain.

**My Duties:** I am required by law to maintain the privacy of your PHI. I must abide by the terms of this notice or any update of this notice.

**Privacy Contact:** To obtain more information on, or to have your questions about your rights answered, you may contact the Practice’s Privacy Officer, James R. David, Ph.D., at 14220 Bradshaw Drive, Silver Spring, MD 90905, or via email at [doctorjim-suedavid@erols.com](mailto:doctorjim-suedavid@erols.com).

**Effective Date:** This notice is in effect as of April 14, 2003. A complete copy of the Notice of Privacy Practice is available in my office.

**Patient Acknowledgment:** By subscribing my name below, I acknowledge receipt of a copy of this Notice and my understanding and my agreement to its terms.

\_\_\_\_\_

Print Patient Name

\_\_\_\_\_

Sign Patient Name

\_\_\_\_\_

Date

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