

Daniel Schwarz, Ph.D. and Associates

Licensed Psychologist

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NOTICE OF PRIVACY PRACTICES (NPP) Short Version

Our practice is dedicated to maintaining the privacy of your personal health information in accordance with ethic and legal standards. This is a short version of the legally required NPP, which is displayed in our waiting room. We will use the information about your health mainly to provide you with treatment, to arrange payment for our services or for some other business activities which are legally called Health care Operations. After you have read this NPP, we will ask you to sign a consent form to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If we want to use and disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this. There are some times when the law requires us to share some of your information, such as 1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. 2. Some lawsuit, legal court proceedings, or legal requirements. 3. For workers compensation and similar benefit programs. 4. Other infrequent situations described in the longer version of the NPP.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home and not at work about your appointments. We will try our best to do what you ask.
2. You have the right to ask us to limit what we tell certain individuals involved in your care, such as family members. While we don't have to agree with your request, if we do agree, we will keep our agreement except if it is against the law, or an emergency, or when the information is necessary to treat you.
3. You have the right to get a copy of the health information we have about you, such as your Psychological and billing records. However, we need to charge for this service.
4. If you believe that the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes, called amending, to your health information. You have to make this request in writing and you must tell us the reasons that you want to make the changes.
5. You have the right to have a copy of this notice. If we change this NPP, we will post it in the waiting room.
6. You have the right to file a complaint if you believe that your privacy rights have been violated. You can file a complaint with us and the Secretary of Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the healthcare that the Provider gives to you.
7. If you have any questions regarding our Health Insurance Privacy Policies, please ask your Psychologist/Social Worker.
8. The effective date of this notice is April 14, 2003.

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CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION

This form is an agreement between you, _____ and me, _____ . When we use the work “you” below, it will mean your child, relative, or other person if you have written his or her name here _____ .

When we examine, diagnose, treat, or refer you we will be collecting what the law called Protected Health Information (PHI) about you. We need to use this information here to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions.

By Acknowledging and signing for this form you are agreeing to let us use your information here and send it to others. The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information. Please read this before you sign consent forms.

IF YOU DO NOT SIGN THE CONSENT FORM AGREEING TO WHAT IS IN OUR NOTICE OF PRIVACY PRACTICES WE CANNOT TREAT YOU.

In the future, we may change how we use and share your information and so may change out Notice of Privacy Practices. If we do change it, you can get a copy from me.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment, or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, we promise to comply with your wish.

After you have signed the attached consent, you have the right to revoke it (*by writing a letter telling us you no longer consent*) and we will comply with your wishes about using or sharing your information from that time on but we may have already used or shared some of your information and cannot change that.