

Karmyn Vaughn, LICSW
Mill House Counseling
4 Back River Rd., Dover NH 03820
(603)-742-1373 Ext:116
karmynv@aol.com

HIPPA 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

My practice is dedicated to maintaining the privacy of your information. I am required by law to maintain the confidentiality of your health information.

Use and disclosure of your health information may apply in the following special circumstances:

To public health authorities that are authorized by law to collect information. Lawsuits and similar proceedings in response to a court or administrative order. If court ordered by a law enforcement official. When necessary to prevent a serious threat to your health or safety or the health or safety of others. I will only make disclosures to those that are able to prevent the threat. If you are a member of the U.S. or foreign military and if required by the appropriate authorities. To federal officials for intelligence and national security activities authorized by law. To correctional institutions if you are an inmate or under custody of a law enforcement official. For workmen's compensation and similar programs.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Communications: You can request that my practice communicate with you in a particular manner or at a certain location. For instance, you may ask that I contact you at home, rather than work. I will accommodate every reasonable request. You can request a restriction in my disclosure of your health information for treatment, payment or health care operations. I am restricted from disclosing any information to family, friends or spouses unless you have signed a written consent. This may be at my discretion in an emergency situation. You have the right to inspect and obtain a copy of your records, yet psychotherapy notes may be obtained at my discretion. You must submit this request in writing to Karmyn Vaughn LICSW at the above address. You may ask me to amend your health information if you believe it is incorrect or incomplete and as long as the information is kept by or for my practice. To request an amendment, your request must be made in writing to Karmyn Vaughn LICSW at the above address. You must provide the reasons that support your request for amendment. You have a right to a copy of this notice. You may ask for a copy at any time by contacting me at the above phone number or address. You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with my practice or the Secretary of the Dept. of Health and Human Services. All complaints must be submitted in writing and sent to Karmyn Vaughn LICSW at the above address. You will not be penalized for filing a complaint. My practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If you have any questions regarding this notice you may contact me at the above number and address.

Signature of Client/Parent/Guardian

Date