

NOTICE OF PRIVACY PRACTICE

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This notice describes how medical information about you may be used and disclosed and how you can get access to your information. I am required by law to maintain the privacy of your protected health information and to provide you with a notice that explains my legal duties and privacy practices. I reserve the right to change the terms of this notice and to make new provisions effective for all protected health information. I will post any revisions and provide you with a copy of the revised notice.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI)

Treatment I may use your PHI to provide, coordinate or manage your treatment in the form of a consultation with another psychologist, psychiatrist or your insurance company.

Payment I may use and disclose your PHI in order to obtain payment for my services.

Persons involved in your care I may use your PHI in the event of a medical or psychological emergency I may need to contact your designated emergency contact person for the purpose of informing them or ensuring your safety. In this process I would only notify them of your location, general condition or death.

As required by Law I may use your PHI as required by law in a situation of mandatory reporting (child abuse, elder abuse, suicidal intentionality or homicidal intentionality) or as ordered by a court, or in order to respond to a subpoena.

Written Authorization Except as listed in this statement I will not use your PHI without your written authorization.

YOUR HEALTH INFORMATION RIGHTS

1. To receive a copy of this notice at your request.
2. To inspect and copy your PHI.
3. To request an amendment of your PHI if there is an error. This does not include psychotherapy notes. Your request must be in writing and it must include the type of amendment and reason for your request.
4. To request a limitation or restriction of the aforementioned uses of your PHI, although I reserve the right to deny your request.
5. To request a list of disclosures of your PHI.
6. To request how I communicate with you in order to preserve your privacy.
7. To file a complaint with my Privacy Officer, Fred Petti at (602) 621-0492.

Signature _____ 1/11 version