

**BONNIE L. ATKINSON, Ph.D., L.L.C.**  
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Licensed Psychologist  
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## Notice of Privacy Practices — Short Version

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

### *Our commitment to your privacy*

Our practice is dedicated to maintaining the privacy of your personal health information. We are required also by law to do this. These laws are complicated, but you must be provided with important information. This document is a shorter version of the full, legally required NPP, which you received along with this so refer to it for more information. However, these documents can't cover all possible situations so please talk with the psychologist directly about any questions or concerns.

The information about your health, which is obtained from you or from others is mainly used to provide you with treatment, to arrange payment for services or for some other business activities that are called, in the law, health care operations. After you have read this NPP you will be asked to sign a Consent Form to let me use and share your information. If you do not consent and sign this form, we will be unable to provide you treatment.

If your psychologist wants to use or disclose (send, share, release) your information for any other purposes they will discuss this with you and ask you to sign an Authorization to allow this.

Of course we will keep your health information private but there are some times when the laws require us to use or share it 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. We will only share information with a person or organization that is able to help prevent or reduce the threat.
  2. Some lawsuits and legal or court proceedings.
  3. If a law enforcement official requires it to be done.
  4. For Workers Compensation and similar benefit programs.
- There are some other situations like these but which don't happen very often. They are described in the longer version of the NPP.

## Your rights regarding your health information

1. You can ask the psychologist to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask to be called at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask that we limit what is told to certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can get a copy of these records but we must charge you a minimal administrative fee. Contact my Privacy Officer to arrange how to see your records. See below.
4. If you believe the information in your records is incorrect or incomplete, you can ask that we make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to the Privacy Officer. You must explain the reasons you want to make the changes.
5. You have the right to a copy of this notice. If a change is made to this NPP it will be posted in the waiting room and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care provided to you in any way.

If you have any questions regarding this notice or the health information privacy policies, please contact Bonnie L. Atkinson, Ph.D directly as the Privacy Officer. She can be reached by phone at [\(256\) 767-6139](tel:2567676139).

The effective date of this notice is January 01, 2014

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Patient : \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_