

## **Dash Group, LLC**

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## **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. PLEASE REVIEW IT CAREFULLY.**

Various Federal and New York State Laws and Regulations along with the Ethical Standards for mental healthcare providers such as Psychiatrists, Psychologists, and Clinical Social Workers require that we providers protect the privacy and confidentiality of our patient's health information (including mental health). As a Clinical Social Worker and Psychotherapist, I take this legal and ethical obligation very seriously. The federal **Health Insurance Portability and Accountability Act ("HIPAA")**, requires that I provide my patients with a **Notice of the Privacy Practices** that I follow in my professional practice with regard to the protection of the privacy and confidentiality of their health information, what **HIPAA** refers to as, **"Protected Health Information" or "PHI"**.

I am required to follow these laws, however this Notice of Privacy Practices contained in this document as well as my professional conduct far exceeds what is required of me by law. While I reserve the right to and may amend these practices from time to time, they will always continue to comply with applicable Federal and New York State laws and HIPAA Regulations. I will always keep a downloadable copy of the most current document on my website, [www.DashPsychotherapy.com](http://www.DashPsychotherapy.com) as well as furnish you a copy directly, at your next appointment after the effective date of the latest version found on the bottom of each page in the footer. The Revised and Effective Dates will always be the same and also reflect the date of publication on [www.DashPsychotherapy.com](http://www.DashPsychotherapy.com)

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION ("PHI")**

#### **I. DEFINITIONS:**

- 1. Use** - means the sharing, utilization, examination or analysis of PHI by me, my employees and other members of my workforce for the purpose of providing, coordinating, and/or managing your healthcare treatment and related services.
- 2. Disclosure** - the release, transfer, provision of access to, or divulging in any other manner of your PHI by me to persons other than my employees or members of my workforce.

*Depending on the circumstances I am permitted or required to use or disclose PHI without the patient's permission. In other circumstances I am required to obtain either the patient's **Consent** or **Authorization**. Whenever possible, I will always seek to obtain the patient's written authorization rather than only a verbal consent.*

**3. Consent-** a general permission given by a patient for me to use or disclosure PHI - other than psychotherapy notes - for the purposes of (a) treatment, payment, or health care operations, (b) treatment activities for the patient by another health care provider and (c) involvement of a patient's family or friends in his or her healthcare. Consent may be given orally, though in most instances I will seek to obtain it in written form.

**4. Authorization** - an informed permission typically in writing for the use or disclosure of "PHI" for purpose(s) other than those where consent, as noted in the preceding paragraph, is sufficient. An authorization must be in writing and is more detailed than a general consent. I utilize an Authorization Form to release and/or receive your "PHI." This form complies to all Federal and New York State Laws.

**5. Psychotherapy Notes** – are a special category of "PHI" and are always held to a higher standard of privacy protection than any other portion of the clinical records. They are actually not part of the clinical record and are kept separately from the clinical record, as Psychotherapy Notes **are created and utilized by the therapist only** and are never intended to be shared with anyone else. Disclosure of psychotherapy notes requires a separate authorization, court order and/or subpoena which isn't always indicative of the therapist's requirement to turn over such notes. (e.g. 06/13/1996 the Supreme Court ruled that psychotherapy notes were not discoverable with a Court order. That case was Jaffee v. Redmond, 518 U.S. 1.). This ruling has left many psychotherapists and patients alike advocating for the "JAFFEE" privilege in which the psychotherapist-patient relationship would be protected in the same manner as an Attorney-Client relationship. However, HIPAA law states that such documents must be turned over or disclosed when content is relective of a significant safety concern when by failing to disclose, person(s) are left in serious harm's way, typically in a life and death type situation. This Psychotherapist will not share psychotherapy notes without written authorization from the patient except when ordered by a court but will first seek legal advice from a competent attorney. Content from Psychotherapy notes may be disclosed to a state or local agency who receives reports of child abuse and/or neglect. As a "Mandated Reporter" of Child abuse and maltreatment I am required by law to report instances of child abuse and/or maltreatment. The psychotherapy notes themselves will not be disclosed without written authorization except in extreme cases (see Sections II & IV of this document).

Further definition of Psychotherapy Notes – these are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private individual, group, joint, or family therapy/counseling session and again are kept securely and separate from the rest of the patient's clinical record. Psychotherapy notes excludes medication prescription and monitoring, therapy/counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

## **II. USE OF PHI WITH OR WITHOUT PATIENT CONSENT OR AUTHORIZATION:**

I may **USE** a patient's PHI with his or her consent or authorization for the following purposes:

**1. Treatment** - this means using PHI, and psychotherapy notes originated by me, to evaluate a patient's condition and to provide treatment to the patient. An example of this is providing individual or group psychotherapy to follow the course of treatment longitudinally. Should it be felt that in your best clinical interest portion(s) of your PHI be shared with another provider for purposes of providing optimal treatment, this will only be conducted with your authorization. Such instances usually don't require or include disclosure of the patient's name, however circumstances of the case might themselves be identifiable especially in high profile cases.

**2. Payment** - this means activities I undertake in order to obtain payment for the services I render. Examples of this are preparing bills and health insurance claim forms, verifying a patient's health insurance

coverage, keeping track of charges for services and payments received. This will only be done with your authorization as some patients choose to pay their psychotherapist directly and do not wish for mental health information to be disclosed to their insurance / benefits provider.

**3. Health Care Operations** - this means conducting various activities that are required to manage and conduct my practice. Examples of these are quality assurance reviews, training and supervising persons who work for me, and arranging for accounting, billing and other practice management related services. Should such information need to be disclosed to an outside party such as a contracted and approved billing service, again this will only be done with your authorization.

**4. Providing Appointment Reminders and Informing Patients of Treatment Alternatives and other Health Services That May be of Interest** - I may provide appointment reminders and information about treatment alternatives or other health benefits and services that may be of interest to my patients. Typically the approved methods of communication with you to and from me will be agreed upon and authorized by you during our first session. You have the right to change details of this arrangement at any time.

### **III. DISCLOSURE OF PHI WITH PATIENT CONSENT**

I will obtain patient consent in order to disclose PHI for the following purposes; and, I may require such an authorization in writing as a condition of providing treatment to a patient:

**1. Coordination and Management of Care** - to other health care providers for the purpose of coordinating or managing health care services to the patient, for example to coordinate my care of a patient with a psychiatrist who is providing that patient with psychotropic medication;

**2. Referral to Another Health Care Provider** - to refer a patient to another health care provider for evaluation, consultation, treatment or services, for example, if I refer a patient to a psychologist for psycho-diagnostic testing or to a physician to determine if a medical problem may be contributing to the patient's emotional symptoms;

**3. Claims Submission** - to submit a claim for health plan, workers' compensation benefits, or other benefits or payments for services;

**4. Treatment Authorizations** - to submit to health plan or workers compensation a request for pre-authorization or continued authorization to provide clinical social work services;

**5. Review by a Health Plan or Workers' Compensation** - to permit a health plan or workers' compensation to review PHI, directly or through a company they contract with to do so on their behalf, for utilization review, to assess medical/clinical necessity of services rendered, to determine whether services rendered are covered under the health plan or workers' compensation, to assess the appropriateness of care, or to determine whether there is adequate justification for the charges I have submitted to them.

**6. Health Care Operations** - to the extent necessary to carry out certain health care operations necessary to the functioning of my practices, for instance, to my accountant, attorney or a billing service. In such instances I would have a HIPAA approved business associate agreement with these individuals or organizations by which they agree to protect the privacy of the PHI I disclose to them to the same extent that I am required to do so.

**7. Additional Situations Engaged In Only With Authorization** – Uses and disclosures not specifically permitted by applicable law are not part of the manner in which this clinical office operates. However, if uses or disclosures not specifically permitted by applicable law are considered by this clinical practice, any and all of such will only be made with the patient’s written authorization (which may be revoked at any time), except to the extent that this clinical practice has already made a use or disclosure based upon a patient’s previous authorization.

The following uses and disclosures will again only be made with the patients’ written authorization who should be reminded that not only have these uses and disclosures have not been made at the time of the creation of this document (ii & iii):

(i) most uses and disclosures of psychotherapy note content (which are kept separate from the rest of the medical record); (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

#### **IV. USE AND DISCLOSURE OF PHI WITHOUT PATIENT CONSENT OR AUTHORIZATION**

The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. Please be reminded that this clinical practice and psychotherapist adheres to a more stringent set of privacy requirements for disclosure without an authorization.

**1. Public Health Activities** - In the rare instance that I may be requested by a public health authority to disclose PHI limited to the patient’s name, contact information and verification that the patient is/was a patient of mine and during which periods, I will first make reasonable efforts to contact the patient to seek his or her consent to release that limited information. If I cannot locate the patient or if the patient refuses to consent I will not disclose this limited PHI and will notify the requesting public health authority that it will have to be provided with a court order of disclosure directing me to disclose this information before I will disclose it. However, if the public health authority clearly indicates to me in writing that the disclosure of this limited PHI is necessary to protect the health of the patient, of other persons or of the public, I will disclose this limited requested PHI to the requesting public health authority only after exhaustive measures are taken to obtain your authorization.

**2. Child Protective Services** - Pursuant to New York State Law I am mandated to report to the appropriate child protective service agencies situations where I have reasonable belief a child is being subjected to child abuse, maltreatment or neglect. In such instance I will not request the patient’s consent or authorization to make such a report and to use and disclose PHI (and possibly content from Psychotherapy Notes) to the limited extent necessary to comply with the mandated reporting statute.

**3. Health Oversight Activities** - Pursuant to the New York State Public Health Law, the Office of Professional Medical Conduct (OPMC), “may examine and obtain records of patients in any investigation or proceeding by the board acting within the scope of its authorization.” If I received a subpoena from OPMC I will attempt to contact the patient involved to inform him/her about the subpoena. If the patient objects to the disclosure I will afford the patient a brief, but reasonable period, in which to convince OPMC to withdraw the subpoena or to seek a court order quashing the subpoena. However, if the patient does not pursue these remedies expeditiously, or if the patient is not successful in his or her pursuit of these remedies, I will comply with the OPMC subpoena and disclose the requested PHI (and, if requested, relevant content from psychotherapy notes) to OPMC without the patient’s consent or authorization.

**4. Judicial and Administrative Proceedings** - I will use and disclose PHI and psychotherapy note content, with the attempt to first gain authorization from the patient in compliance with a court order of disclosure to the extent that the court order of disclosure specifically directs the disclosure.

I will disclose PHI and psychotherapy note content, without the consent or authorization of the patient, directly to the Court pursuant to a "So Ordered" subpoena that specifically directs the production of these items. In doing so I will urge the Court to take steps to protect the confidentiality of the PHI and psychotherapy note content and to limit their further disclosure. Again, your written authorization will first be sought.

**5. Medical Examiner or Coroner** - In a rare instance usually pertaining to a deceased patient, I may be requested by a Medical Examiner or Coroner to provide a copy of a patient's PHI and psychotherapy notes' content. If I receive such a request I will: (a) contact the medical examiner and ask him/her to delineate what specific information is needed from me and why, (b) if I have specific information that is pertinent to the inquiry as delineated by the medical examiner, I will inform the medical examiner that I cannot release the information without a subpoena issued by him/her directing me to disclose that specific information, (c) upon receipt of the subpoena issued by the medical examiner, I will disclose, without the need for consent or authorization from the patient's designated personal representative, the specific PHI and/or psychotherapy note content in my possession that the medical examiner has delineated as being pertinent to the medical examiner's inquiry.

In the case of a deceased patient, we may disclose PHI regarding such patients as mandated by state law, or to a family member or friend that was involved in the patient's care or payment for care prior to death, based on the patient's prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**6. To Avoid a Serious Threat to Health or Safety** - Consistent with ethical standards and New York law, I will use and disclose PHI and psychotherapy note content, without consent or authorization from the patient, if, in good faith, I believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public [such as a threatened assault or a suicide threat]. I will limit my disclosure of PHI or psychotherapy notes in such a situation to disclosure to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat [this may include the police, the potential victim, emergency room staff and others] and will further limit my disclosure to the minimum amount of information that needs to be disclosed to address appropriately the imminent threat posed by the patient.

**7. Inquiry by the Secretary of HHS** - I will use and disclose PHI or psychotherapy note content to HHS, without a consent or authorization from the patient, to the extent needed by me to prepare a response to and to respond to an inquiry from the Secretary of the United States Department of Health and Human Services regarding my compliance with the provisions of HIPAA.

**8. Other Disclosures Required by Law** - I will use and disclose PHI or psychotherapy note content to the extent that such use and disclosure, despite the lack of patient consent or authorization, is required by law.

**9. Health Care Operations** - I may disclose without the patient's consent, a patient's name and address, date of birth, social security number, history of charges and payments, account number, my name and address, and the name and address of the patient's health plan, but not any information as to the patient's condition or the types of services I have provided to the patient (other than that the services were provided by a clinical social worker / psychotherapist), to collection agency if that becomes necessary for me to collect fees owed to me.

**10. Defense in a Legal Proceeding** - I may use and disclose PHI and psychotherapy note content without the patient's consent to the limited extent that it is necessary to do so in order to defend myself in relation to a legal action or other proceeding brought against me by that patient, within the limits of the law.

## **V. LIMITED DISCLOSURES OF PHI:**

**1. Disclosure to Person Involved with the Patient's Care or Payment for Care** - Patients have a right to object to my disclosure to a family member, other relative, or a close personal friend of the patient, or any other person identified by the patient, the PHI directly relevant to such person's involvement with the patient's care or payment related to the patient's health care. Other than in an emergency, I will ask the patient for permission before I do so. If the patient objects, I will not disclose PHI in these situations unless I would otherwise be permitted to do so without the patient's consent or authorization (i.e., to prevent the patient from causing harm to himself/herself or others). If I ask the patient's permission to do so and he/she does not object I will proceed to do so. If the patient lacks the capacity to make a decision in this regard and I reasonably infer from the circumstances, based the exercise of my professional judgment that the patient does not object to the disclosure I will make the disclosure. If the patient is not available and I determine that the disclosure is in the best interests of the patient; I will disclose only the PHI that is directly relevant to the person's involvement with the patient's health care or payment for healthcare.

**2. Medical Emergencies** – We may use or disclose a patient's PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. A copy of this notice will be provided to the patient as soon as reasonably practicable after resolution of the emergency.

**3. Family Involvement in Care** - We may use or disclose a patient's PHI to close family members or friends directly involved in the patient's treatment based on the patient's consent or as necessary to prevent serious harm.

**4. Law Enforcement** – We may use or disclose a patient's PHI to a law enforcement official as required by law, in compliance with a subpoena (with the patient's written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime committed on the premises of this clinical practice.

**5. Specialized Government Functions** – We may review requests from the U.S. Military command authorities if a patient has served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose a patient's PHI based on their written consent, mandatory disclosure, laws and the need to prevent serious harm.

**6. Public Health** – If required, I may use or disclose a patient's PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**VI. DE-IDENTIFIED HEALTH INFORMATION AND PSYCHOTHERAPY CONTENT FOR  
CONSULTATION, SUPERVISION, OR TRAINING:**

Consistent with the usual ethical standards, I may seek consultation or supervision from a colleague to aid me in working with a patient. In doing so, I will use the patient's health information and material from his/her psychotherapy note. However, the patient's identity will not be disclosed. Because health care information and psychotherapy notes are only protected from use or disclosure when the patient to whom they relate is identified with them, the law permits such use of de-identified patient information without the consent or authorization of the patient.

To the extent that I may be involved in training and supervising students, trainees or other practitioners in mental health to learn under supervision to practice or improve their skills in group, joint, family, or individual counseling/psychotherapy, I may use patients' health information and material from their psychotherapy notes. However, the patients' identities will not be disclosed, nor will their psychotherapy notes be shared. Because health care information and psychotherapy notes are only protected from use or disclosure when the patient to whom they relate is identified with them, the law permits such use of de-identified patient information without the consent or authorization of the patient.

**VII. USES AND DISCLOSURES THAT REQUIRE PATIENT AUTHORIZATION:**

**1. Psychotherapy Notes** - Except as set forth in sections II-VI above, I will not use or disclose psychotherapy note content without the patient's authorization.

**2. HIV/AIDS Related Information** - In accordance with the provisions of Article 27-F the New York State Public Health Law, I will not disclose HIV/AIDS related information, except in an emergency, without the patient's authorization. Except as set forth in sections II-VI above that relate to disclosure of PHI, I will not disclose HIV/AIDS related information without the patient's authorization.

**3. Other Uses and Disclosures** - Except for those situations listed in sections II-VI above, where I will use or disclose PHI without the patient's authorization, I will not use or disclose a patient's PHI without his/her written authorization. An example of this is that I will not disclose a patient's PHI to his/her attorney, to his/her workplace or to his/her military reserve unit without his/her written authorization, however it is the policy of this clinical practice to inform its patients of the following:

**a. Research** – PHI disclosure for clinically related academic research may only be disclosed after a special approval process and/or with the patient's authorization.

**b. Fundraising** – It is possible that you may be sent fundraising communication from this office at one time or another (however, this action has never previously been executed). Should it be decided to utilize such fundraising efforts, all patients have the right to opt-out of such fundraising communications with each solicitation received.

**VIII. PATIENT'S RIGHTS REGARDING THEIR PHI:**

As a patient of this clinical practice location, you have the following rights regarding the PHI we maintain about you. To exercise any of these rights, please submit your request in writing directly to Matthew E. Dash, LCSW,

Psychotherapist, Owner, and current Privacy Officer at Dash Group, LLC. Please submit such written requests to Matthew Dash, LCSW at [MatthewDash@me.com](mailto:MatthewDash@me.com):

### **IX. RIGHT TO REQUEST RESTRICTIONS:**

Patients have the right to request restrictions on certain uses and disclosures of PHI to carry out treatment, payment, or health care operations. I require that all requests for such restrictions be made in writing as stated above and can be contacted anytime with questions or concerns regarding these matters, just as you can contact me anytime about other matters related to your treatment or current status (except during times of emergency when you should save valuable time by calling 911 and/or going to the emergency room closest to your current location:

As previously stated, if a patient provides an authorization, he/she may revoke it at any time, in writing, except to the extent that I have taken action in reliance on it prior to receiving the written notice of revocation.

**1. Requested Restrictions for Treatment, Payment, or Healthcare Operations** - I am not required to agree to requested restrictions in the these three areas set forth in the preceding paragraph. If I agree to a restriction in the use or disclosure of PHI in any of these three areas, such an agreement will not be valid until I agree to the restriction in writing and provide a copy of my agreement to the patient. The exception is if your request is to restrict disclosure of your PHI to a health plan for purposes of carrying out payment or healthcare operations and the PHI pertains to a healthcare item or service that you paid for out of pocket. In such cases, we are required to honor your request for such restriction.

**2. Agreement to the Requested Restriction During Need of Emergency Treatment** - If I agree to a requested restriction I may not use or disclose PHI in violation of that restriction except that if the patient who requested the restriction is in need of emergency treatment.

### **3. Right of Access to Inspect and Copy and Exceptions:**

**A. General** - All of my patients have the right to inspect and copy PHI that is maintained in a “designated record set” except in exceptional circumstances. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those above referenced situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in the separately maintained Psychotherapy Notes. Depending on the size of your record, it is possible that we may charge a reasonable, cost-based fee for copies. A denial of the copies of your PHI in question will never be made based on your ability to pay for copies and postage.

**B. Electronic Records** - If your records are maintained electronically, you may also request an electronic copy of your PHI. You are also permitted to request that a copy of your PHI be provided to another person. This scenario is most often requested when seeking treatment from another provider of mental health/medical treatment. It is the opinion of this Psychotherapist that providing your treatment providers relevant PHI information depending on the provider type, is beneficial in expediting treatment via the professional insight provided within the PHI, serving in a fashion similar to authorizing a professional case conference between two professionally trained and licensed providers. I frequently request authorization to receive relevant PHI from a previous mental healthcare/medical provider during the first appointment I have with a new patient. Seeking a professional opinion as to whether the provider types as you understand them should exchange information, can be confusing to a non-professional and depending on the circumstances including potential misunderstanding of the professionals in question as well as the potential ramifications when sharing such information is again, in this Psychotherapist’s opinion, a good idea. I welcome any questions or concerns regarding this type of scenario as your well-being is always the number one priority.



The above opinions are those of this Psychotherapist and in no way effect your right to access your PHI and/or have it sent to another person. The opinions shared are only done so to aid in protecting your best interest, well-being, safety, and quality of care. Once again, these opinions / suggestions are not a rule, regulation, requirement nor does your consideration or lack thereof effect your rights in any way, shape or form. When there is the ability to aid you in obtaining the best possible care, I will always offer my assistance to aid in assuring you secure such high level of care while simultaneously limiting your exposure of unnecessary circulation of your PHI. Ultimately, it is your PHI and my legal requirements are in part to protect it and you. Please contact me anytime should you have any questions or concerns.

**C. Adolescent / Minor Aged Patients** - In the case of a parent or guardian requesting access to the records of their child receiving my treatment, especially patients ages twelve up until age 18, I reserve the right to deny the request if the patient objects to the disclosure. In the case of any request by a parent or guardian for access to the records relating to a minor child, I may deny, in whole or in part, a request for access if, in my professional opinion access to the information requested by the parent or guardian would have a detrimental effect (i) on my professional relationship with the minor patient, (ii) on the care and treatment of the minor patient; or (iii) on the minor patient's relationship with his or her parents or guardian; or for other statutory reasons.

The request for the records of minors should be made directly to me in writing. If I deny this request, except for very limited circumstances, the parent/guardian reserves the right to engage in the following appeals process. Firstly, they have the right to require me to obtain a review of my decision by another licensed mental health professional, who was not involved in the decision to deny. If the 2<sup>nd</sup> professional opinion is found to be unsatisfactory, the parent/guardian may require me to submit in writing the controversy to the Medical Records Review Committee of the New York State Department of Health for a final determination regarding this matter and thus ending the appeals process.

**4. Right to Amend** - A patient has the right to request that his/her clinical records, psychotherapy notes, billing records and other information maintained by me which I use in making decisions with regard to him/her, be amended. This request must be in writing. It must specify: (a) the specific entry in the records which is alleged to be incorrect, (b) the requested amendment, and (c) why he/she believes that the record is incorrect.

I may deny the patient's request for amendment under certain circumstances. I will provide the patient with my determination on their request in writing. The patient may submit a written statement of disagreement to me if he/she disagrees with my decision. I may then issue a rebuttal statement. If I do so, I will provide a copy to the patient. If the patient submitted a statement of disagreement I will append it to the patient's record. If I disclose the PHI in question in the future, I will either submit the request for amendment, my decision, the patient's statement of disagreement (if any), and my rebuttal (if any), or a summary of the information along with that disclosure. If the patient does not submit a statement of disagreement, then I will only provide either a copy of the patient's request for amendment and my denial of that request, or a written statement of the facts, with future disclosures of the PHI in question, if the patient requests, in writing, that I do so.

**5. Right to an Accounting of PHI Disclosure** – You have the right to request an accounting of certain disclosures that we make of your PHI. Other than in limited circumstances, a patient has the right to obtain an accounting for disclosures of his/her PHI over the past six years other than disclosures that were made: (a) to carry out treatment, payment and health care operations; (b) to the patient of PHI about him/her that was provided pursuant to his or her request for access to his/her PHI; (c) pursuant to the patient's authorization to disclose PHI or psychotherapy notes; (d) to persons involved in the patient's care or for other notification purposes; (e) for national security or intelligence purposes; (f) to correctional institutions or custodial law enforcement situations; (g) as part

of a limited data set that does not contain identifiable data; (h) prior to the date I was required to comply with HIPAA Privacy Regulations; or (i) incident to a use or disclosure pursuant to items a), b), c), d), and g), above.

A request for disclosure must be made in writing and must specify the time period involved, which cannot be prior to the date I became a “covered entity,” under HIPAA. I will respond to such requests in writing. Patients have the right to one such accounting in every twelve-month period free of charge. I am permitted to, and may charge a cost-based fee to comply with such additional requests during that twelve-month period. I will inform the patient, in advance, of the fee and permit him/her to withdraw the request or modify it in order to avoid or reduce the fee.

#### **X. RIGHT TO REQUEST ALTERNATIVE CONFIDENTIAL COMMUNICATION:**

The HIPAA Privacy Regulations provide that a patient has a right to request and to receive communications of PHI from me by alternative means and/or at alternative locations. Although I must accommodate reasonable requests by patients in this regard, I may require the patient to make such a request in writing and may condition the provision of a reasonable accommodation; (1) when appropriate, information as to how payment, if any, will be handled or (2) specification of an alternative address or other method of contact as a condition for accommodating your request. I will not require the patient, as a condition of providing communications on an alternative basis, to provide an explanation as to the basis for his or her request.

I require that such requests be made to me in writing and specify the alternative billing address as well as an alternative telephone number where I can reach the patient if I need to. I will provide written confirmation to inform you that your request is understood as it is my responsibility that anytime I make confidential contact am clear as to where and how such communication is to be made. This aids in eliminating misunderstanding that could lead to confidential communication being made via a means you did not intend as well as confidential communication being made to a location you did not intend. These detailed practices protect us both, and most importantly, protects receipt of confidential communication about you by a recipient it is not intended for.

#### **XI. YOUR RIGHTS REGARDING THIS NOTICE OF PRIVACY PRACTICES**

I am required to follow only a portion of these privacy practices as set forth in this notice. My professional conduct exceeds what is required of me by law, and hence every effort was made to address relevant topics offering additional patients’ rights and recourse, as well as modifying the document to reflect the latest laws.

I am required to hand every new patient a copy of this document and must retain the last page, which you are asked to sign acknowledging you received my Notice of Privacy Practices.

Although I reserve the right to amend these practices from time to time as long as they continue to comply with applicable Federal and New York State laws and regulations, the most recent version of this Notice (which prior to August 30, 2013 has not previously been modified). The most recent version will always be available anytime for reading and/or download as a pdf on the website for my practice, [www.DashPsychotherapy.com](http://www.DashPsychotherapy.com). Additionally, I will furnish anyone who requests in writing, a paper copy via mail or in person.

In the event I amend my privacy practices, any modification(s) will not interfere with the Privacy Policy’s full compliance with all applicable and new Federal and New York State laws and regulations. If you sign up for updates on my website, you’ll be notified via email that the policy has been modified and reminded of its immediate availability for viewing, downloading, and printing on my website. Whether or not you are signed up to receive

updates on this practice's website, and under no circumstances are you obligated to, I will make every effort to contact you via the method you've previously designated I contact you.

In addition, every patient who I treat will automatically receive a paper copy at their next appointment irrespective of whether it's their first appointment, are seen regularly, or are coming back into treatment. They will also be asked to sign the acknowledgement of receipt (p.13).

The effective date of this Notice of Privacy Practices will always be located at the bottom of each and every page of the document located as part of the footer and the text of the document will always close with the new effective date. Please note that the stated revised date is also the effective date of the Notice of Privacy Practices. This date also corresponds to the when this revised document is published at [www.DashPsychotherapy.com](http://www.DashPsychotherapy.com)

The latest version can always be found hanging in plain view on the interior wall on your right when you step into my office. It is clearly visible in a see-thru top-loading folder allowing for easy removal and replacement. Although I encourage you to view it online and help save trees and put less strain on our precious environment, I have copies readily available to provide to those who request them and make no judgement for those who wish to have a "hard copy" for their review and records. All Medical offices are required to do the same, and you should expect and demand nothing less from any healthcare provider you utilize.

## **XII. COMPLAINTS**

If a patient has any questions or concerns about this Notice of Privacy Practices he/she may discuss them with me. If a patient believes that I have violated his or her privacy rights he/she may make a formal complaint to this office in writing, specifying: (a) the action or inaction which they believe created a HIPAA violation; (b) approximately when this action/inaction took place; (c) why it is believed the action/inaction caused a HIPAA violation. I will respond to the complaint in writing, including an explanation of whether a violation took place and a suggested remedy. I encourage any patient to discuss the matter with me, which will expedite receiving answers to their questions, concerns, and/or problems. I will still follow the procedures for complaints, but in the meantime, resolution can occur much more quickly.

A patient may also file a complaint with the Director of the Office of Civil Rights of the United States Department of Health and Human Services: by writing to: HIPAA Complaint, 7500 Security Boulevard, Room C5-24-04, Baltimore, Maryland 21244 or on-line at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

## **XIII. PRIVACY OFFICIAL**

Every health care provider is required to be HIPAA Compliant and must designate a Privacy Official regardless of the size of their practice. As of now I, Matthew E. Dash, LCSW, remain the Privacy Officer of my practice, Dash Group, LLC, and as such have the following responsibilities in this role:

- 1) Receive, investigate and respond to all complaints about alleged violations of HIPAA regulations in my practice.
- 2) Receive, respond to and take all action required to be taken by my practice regarding all of the above listed patients' rights listed in this Notice of Privacy Practices including patient requests regarding their PHI including access, amendment, accounting disclosure, restrictions, alternative communications, and requests for copies of this Notice of Privacy Practices.

- 3) Develop and implement privacy and security practices for my practice and address any concerns relating to the privacy and security of PHI which arise in my practice.
- 4) Monitor the effectiveness of the privacy and security practices in my practice and take any corrective action that is indicated to address any concerns relating to privacy and security of PHI.

I can be reached at the following address, telephone number, and/or email address:

**Dash Group, LLC**  
Matthew E. Dash, LCSW  
*Psychotherapist & Owner*  
8 Maple Street, Suite 9  
Port Washington, NY 11050  
(516) 232-8582 Office  
(516) 960-0724 Answering Service Hotline (24/7)  
[MatthewDash@me.com](mailto:MatthewDash@me.com) | [www.DashPsychotherapy.com](http://www.DashPsychotherapy.com)

**EFFECTIVE DATE OF THIS NOTICE OF PRIVACY PRACTICES:**

**AUGUST 30, 2013**

Those who know me, know that I encourage patients to contact me any time day or night, and several ways to do so are published on all literature for my practice including business cards, letterhead, educational materials I produce and distribute as well as my online presence including my website. This includes my 24/7 answering service hotline.

I only ask that regardless of what time it is, that if you are contacting me about an emergency currently being experienced, you call 911 or go to the closest emergency room instead so immediate attention can be received. Those precious moments save lives.

Wishing you well,



Matthew E. Dash, LCSW  
Psychotherapist & Owner  
Dash Group, LLC

**Dash Group, LLC**

Matthew E. Dash, LCSW

*Psychotherapist & Owner*

8 Maple Street, Suite 9

Port Washington, NY 11050

(516) 232-8582 Office

(516) 610-0534 Answering Service Hotline (24/7)

[Dash@DashPsychotherapy.com](mailto:Dash@DashPsychotherapy.com) | [www.DashPsychotherapy.com](http://www.DashPsychotherapy.com)

**ACKNOWLEDGEMENT: RECEIPT NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, acknowledge that I have been provided today with a copy of the attached Notice of Privacy Practices for Dash Group, LLC by its owner, Matthew E. Dash, LCSW, Psychotherapist. I have been given the opportunity to request restrictions on certain uses and disclosures of my Protected Health Information (PHI), and the opportunity to request an alternative method and/or location of communication.

X  
\_\_\_\_\_  
**SIGN HERE (PATIENT OR REPRESENTATIVE)** **Date**

Regardless if this form has been signed by the parent, guardian or other personal representative of the patient, please print the name and relationship of the person signing this receipt to the patient below:

Name of Person Signing this Receipt (Please Print): \_\_\_\_\_

Relationship of Person Signing to Patient (Please Print): \_\_\_\_\_

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**OFFICE USE ONLY**

If the patient was unable to sign, the therapist should note the reason (circle the letter of the reason):

- (a) Patient refused to sign
- (b) An emergency situation precluded me from obtaining the patient’s signature
- (c) The patient was incapable of signing
- (d) Other: \_\_\_\_\_

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**Matthew E. Dash, LCSW** **Date**  
*Psychotherapist & Owner*  
**Dash Group, LLC**