NOTICE OF PRIVACY PRACTICES

CYNTHIA LIEF RUBERG, LPCC, LLC

614 865 1612

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

This notice takes effect on April 14, 2003 and remains in effect until it is replaced.

1. MY PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your "Individually Identifiable Health Information" (IIHI) is important to me. I understand that your IIHI is personal and I am committed to protecting it. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways I may use and share IIHI about you. I also describe your rights and certain duties I have regarding the use and disclosure of your IIHI.

2. MY LEGAL DUTY

The Law Requires Me To:

1. Keep your medical information private
2. Give you this notice describing my legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

I have the Right To:

1. Change my privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in my privacy practices and the new terms of my notice effective for all medical information that I keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before I make an important change in our privacy practices, I will change this notice and make the new notice available upon request, as required by law.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that I use and disclose medical information. Not every use or disclosure will be listed. However, I have listed all the different ways I am permitted to use and disclose medical information. I will not use or disclose your medical information for any purpose not listed below, or as otherwise allowed by law, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to me.

FOR TREATMENT: I may use medical information about you to provide you with medical treatment or services. I may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. I may also share medical information about you to your other health care providers to assist them in treating you.

FOR PAYMENT: I may use and disclose your medical information for payment purposes.

FOR HEALTH CARE OPERATIONS: I may use and disclose your medical information for my health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation ,certificates, licenses and credentials I need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment, and health care operations, I may use and disclose medical information for the following purposes, if allowed by law.

Notification: Medical Information to notify or help notify: a family member, your personal representative or another person responsible for your care. I will share information about your location, general condition, or death. If you are present, I will get your permission if possible before I share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, I will share only the health information that is directly necessary for your health care, according to my professional judgment.

Specialized Government Functions: Subject to certain requirements, I may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings: I may disclose medical information in response to a court or administrative order.

Public Health Activities: As required by law, I may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. I may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration.

Victims of Abuse, Neglect, or Domestic Violence: I may disclose medical information to appropriate authorities if I reasonably believe that you or another person is a possible victim of abuse, neglect, or the possible victim of other crimes. This would apply to children under 18, the mentally retarded, developmentally disabled or elders. I may share your medical information, if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. I may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody. For domestic violence, I must note the information in my psychotherapy notes.

Workers Compensation: I may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities: I may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: Under certain circumstances, I may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws pursuant or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on my premises, and crimes in emergencies.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Look at or get copies of your medical information. You may request that I provide copies in a format other than photocopies. I will use the format you request unless it is not practical for me to do so. You must make your request in writing. I will have thirty (30) days in which to respond to your request. I will charge what I am allowed under Ohio law for these requests.
2. Receive a list of all the times I or my business associates shared your medical information for purposes other than treatment, payment, and health care operations, pursuant to an authorization or for other specified exceptions.
3. Request that we place additional restrictions on my use or disclosure of your medical information. I am not required to agree to these additional restrictions, but if I do, I will abide by our agreement (except in the case of an emergency).
4. Request that I communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to me, and must be reasonable.
5. Request that I change your medical information. I may deny your request if I did not create the information you want changed or for certain other reasons. If I deny your request, I will provide you written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If I accept your request to change the information, I will make reasonable efforts to tell others, including the people you name, of the change and to include the changes in any future sharing of that information.
6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing me and must be reasonable..

5. QUESTIONS AND COMPLAINTS

If you have any questions about this notice of if you think that I may have violated your privacy rights, please contact me. You may also submit a written complaint to the U. S. Department of Health and Human Services. I will provide you with the address to file your complaint with the U. S. Department of Health and Human Services. I will not retaliate in any way if you choose to file a complaint. I will be acting as my own Privacy Officer i.e., Cynthia Lief Ruberg, LPCC- S, LLC, 614 865 1612.