

Notice of Privacy Practices

This notice describes how your personal health information may be used and disclosed and how you can get access to this information. Please review it carefully. You will be asked to acknowledge that you have received this notice of privacy practices.

It is understood that information about you, your health and your mental health is very personal and therefore, all efforts will be made to protect your privacy as required by law. Use and disclose of your personal health information will occur only as allowed by applicable law.

Excellence in the provision of state of the art mental health care services is the commitment of this practice. Therefore, as described below, your health information will be used to provide your care.

The law requires maintenance of the privacy of patients' personal health information. Samuel Blumberg, Ph.D. is therefore required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect. He reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice of Privacy Practices effective for all personal health information maintained by him. You may receive a copy of any revised notice at Samuel Blumberg's office, or a copy may be obtained by mailing a request to him at the address above.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

The following categories detail the various ways in which your personal health information may be used or disclosed. It should be noted that while not every use or disclosure will be listed, each of the ways use or disclose of information is permitted will fall into one of the following categories.

Your Authorization. Except as outlined below, your personal health information will not be used or disclosed for any purpose unless you have signed a form authorizing the use or disclosure. This form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke that authorization in writing, except to the extent it has already been relied upon.

Uses and Disclosures for Treatment. Your personal health information will be used and disclosed as necessary for treatment. For instance, Samuel Blumberg, Ph.D. will use information in your medical record, information on audio and video tapes, and information that you provide about your symptoms and reactions to plan a course of treatment for you.

Uses and Disclosures for Payment. Your personal health information will be used and disclosed as necessary for payment purposes. For instance,

information regarding your treatment may be forwarded to you. Or your information may be used and disclosed to prepare a bill to send to you or to the person responsible for your payment. Or your information may be used and disclosed to organizations contracted with for billing purposes.

Business Associates. Certain aspects and components of services are performed through contracts with outside persons or organizations, such as accreditation and legal services. At times it may be necessary to provide certain of your personal health information to one or more of these outside persons or organizations who assist with such mental health care operations. In such cases, these business associates are required to appropriately safeguard the privacy of your information.

Other Uses and Disclosures. Certain other uses and disclosures of your personal health information are permitted or required by law without your consent or authorization. Subject to conditions specified by law:

- ◆ Your personal health information may be released for any purpose required by law;
- ◆ Your personal health information may be released to certain governmental agencies if there is suspicion of child abuse or neglect;
- ◆ Your personal health information may be released if you are a medical professional and it is reasonable to believe you are guilty of misconduct or unfit to practice;
- ◆ Your personal health information may be released if required by law to a government oversight agency conducting audits, investigations, inspections, and related oversight functions;
- ◆ Your personal health information may be released to the State of Delaware if a diagnosis of autism is made;
- ◆ Your personal health information may be released in emergency circumstances, such as to prevent a serious and imminent threat to a person, to the public, or to yourself;
- ◆ Your personal health information may be released if required to do so be a court or administrative order, subpoena or discovery request. In most cases you will have notice of such release;
- ◆ Your personal health information may be released if necessary for purposes related to your workers' compensation benefits;

RIGHTS THAT YOU HAVE

Access to your Personal Health Information.

Generally, you have the right to access, inspect, and/or copy personal health information that is maintained about you. You may access this information during scheduled appointments, or you may submit a written request to

access this information signed by you or your representative. You will be charged for a copy of your medical records in accordance with a schedule of fees established by applicable law.

Amendments to Your Personal Health Information.

You have the right to request that personal health information that is maintained about you be amended or corrected. Samuel Blumberg, Ph.D. is not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered, must be in writing, signed by you or your representative, and must state the reasons for the amendments/correction request. If an amendment or correction you request is made, others who work with Samuel Blumberg, Ph.D. and have copies of the uncorrected record may also be notified if Samuel Blumberg, Ph.D. believes that such notification is necessary. Please note that even if your request is accepted, information already documented in your medical record may not be deleted.

Accounting for Disclosures of Your Personal Health Information.

You have the right to receive an accounting of certain disclosures made by Samuel Blumberg, Ph.D. of your personal health information, except for disclosures made for purposes of treatment, payment and healthcare operations or for certain other limited exceptions. Requests must be made in writing and signed by you or your representative.

Restrictions on Use and Disclosure of Your Personal Health Information.

You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment, or health care operations. For example, you may request that your mental health information not be shared with a certain family member. Such requests must be made in writing and signed by you or your representative. Samuel Blumberg, Ph.D. is not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and retains the right to terminate an agreed to restriction if he believes such termination is appropriate. In the event Samuel Blumberg, Ph.D. has terminated an agreed upon restriction, he will notify you of such termination.

Paper Copy of Notice. You retain the right to obtain a paper copy of this Notice of Privacy Practices.

ADDITIONAL INFORMATION

Complaints. If you believe your privacy rights have been violated, you may file a complaint in writing. All complaints must be made in writing and in no way will affect the quality of care you receive.

Effective Date. This Notice of Privacy Practices is effective May 1, 2004. Amended November 7, 2005. Amended April 7, 2006. Amended June 30, 2011.