

## NOTICE OF PRIVACY PRACTICES

Dr. Butler is dedicated to maintaining the privacy of your personal health information (PHI) as part of providing professional care. She is required by law to keep your information private, and if you have any questions about this, feel free to ask. Dr. Butler will use the information about your health mainly to provide treatment, to arrange payment for services, and for any other business activities considered health care operations. By signing at the end of this document, you are consenting to let Dr. Butler use and share your information for those purposes.

If your information needs to be disclosed (sent, shared, released) for any other purpose, this will be discussed with you, and you will have to sign an authorization form to allow Dr. Butler to do so. However, there are some instances when the law requires that your PHI be shared:

- If you are in danger of harming self or others
- If abuse or neglect of child, elderly, or disabled is involved
- In the case of some lawsuits, legal, or court proceedings
- If a law enforcement official requires it
- For Worker's Compensation and other similar benefit plans

Your rights regarding your health information:

1. You can ask Dr. Butler to communicate with you about your health and related issues in a particular way or place, which affords you the most privacy. For example, you can specify that you only be called on your cell phone and not at work.
2. You have the right to ask Dr. Butler to limit what is told to individuals providing or paying for your care.
3. You have the right to review the health information in your file that Dr. Butler has obtained, such as psychological and billing records.
4. If you believe the information in your record is incorrect or some important information is missing, you can ask Dr. Butler to make changes to your record. This request must be sent in writing and must include the reasons you want to make the changes.
5. You have the right to a copy of this notice.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with Dr. Butler, and with the Secretary of Health & Human Services, at P.O. Box 8050, 7500 Security Blvd., Baltimore, MD 202444-1850.
7. The effective date of this notice is 8/11/08.
8. You may have other rights which are granted by the laws of this state, which may be the same or different than those noted above.

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Client signature