

NOTICE OF PRIVACY PRACTICES

This notice describes how *Maura D. Sullivan, Psy.D.* may use and disclose your healthcare information and how you can obtain access to this information. Please review it carefully.

Maura D. Sullivan, Psy.D. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health including demographic information, either created by *Maura D. Sullivan, Psy.D.* or received by *Maura D. Sullivan, Psy.D.* from other health care providers.

I am required to provide you with notice of my legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. *Maura D. Sullivan, Psy.D.* will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.

Maura D. Sullivan, Psy.D. reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that I maintain. Patients will be provided with a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice at any time.

Uses and Disclosures of Your Protected Health Information Not Requiring Your Consent

Maura D. Sullivan, Psy.D. may use and disclose your protected health information without your written consent or authorization for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependency. There are also restrictions on disclosing HIV test results.

Treatment may include:

1. Providing, coordinating, or managing any related services by one or more healthcare providers;
2. Consultation between healthcare providers concerning a patient;

3. Referrals to other providers for treatment;
4. Referrals to nursing homes, foster care homes, or home health agencies.

Payment Activities may include:

1. Activities undertaken by *Maura D. Sullivan, Psy.D.* to obtain reimbursement for services provided to you;
2. Determining eligibility for benefits or health insurance coverage;
3. Managing claims and contacting your insurance company regarding payment;
4. Collection activities to obtain payment for services provided to you;
5. Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
6. Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, *Maura D. Sullivan, Psy.D.* may submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare Operations may include:

1. Contacting healthcare providers and patients with information about treatment alternatives;
2. Conducting quality assessment and improvement activities;
3. Conducting outcomes evaluation and development of clinical guidelines;
4. Business management and general administrative activities of *Maura D. Sullivan, Psy.D.*

Your Health Information Rights

Although your health record is the physical property of *Maura D. Sullivan, Psy.D.*, the information belongs to you. You have the right to :

1. Request a restriction on certain uses and disclosures of your information;
2. Inspect and obtain a copy of your record;
3. Request in writing to amend your health record;
4. Obtain a list of disclosures of your information if used for purposes other than for treatment, payment, or operations;

5. Revoke your authorization to use or disclose health information except to the extent that the action has already taken place.

For more information, please feel free to contact me at 603-569-4776 or speak to *Maura D. Sullivan, Psy.D.* in person.