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HIPPA Privacy

Andrea Andes, M.A., LMFT: I am committed to maintaining your confidentiality. I will only release information about you in accordance with HIPPA policies, state and local laws.

My duties as your therapist: I am required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. I am required to abide by the privacy policies and practices that are outlined in this notice.

Treatment: Your mental health information **may** be disclosed to other health care professionals for the purpose of providing treatment.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Law Enforcement: In the event of reported violence or life threatening dangers your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Other uses and disclosures that require your authorization: Disclosure of your mental health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you must submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual rights: You have certain rights under the federal privacy standards. These rights include but are not limited to:
The right to request restrictions on the use and disclosure of your protected health information.
The right to receive confidential communications concerning your medical condition and treatment.
The right to inspect and copy your protected health information.
The right to amend or submit corrections to your protected health information.
The right to receive an accounting of how and to whom your protected health information has been disclosed.
The right to receive a printed copy of this notice.

Request to inspect protected health information: You may generally inspect or copy the protected health information that I maintain. As permitted by federal regulation, I require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting myself during normal business hours. Your request may or may not be granted, depending upon the reasoning for disclosure.
Contact person: You may contact me for further information concerning my privacy practices.

Complaints: If you would like to submit a comment or complaint about my privacy practices, you can do so by sending a letter outlining your concerns to this office. If you believe that your privacy rights have been violated, you should send a letter describing the cause of your concern to this office. You will not be penalized or otherwise retaliated against for filing a complaint.