



Princeton Family Institute

166 Bunn Drive, Suite 105 • Princeton, NJ 08540-2849 • Tel 609.921.2551 Fax 609.921.2298 • www.princetonfamily.com

NOTICE OF PRIVACY PRACTICES PRINCETON FAMILY INSTITUTE

Medical privacy regulations issued by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) became effective April 14, 2003. We are required by law to maintain the privacy of your mental health information and to provide you with this notice of our legal duties and privacy practices with respect to your mental health information.

This notice is designed to inform you about the Princeton Family Institute's Privacy Practices. These privacy practices will be followed by all office personnel. We are required by law to give you this notice. It will describe how we may use and disclose information that is called "protected health information" (PHI). PHI is any information, whether it is oral, recorded, or demographic data that may identify you (i.e., name, address, diagnosis) or that may relate to your past, present or future mental health. We will also outline your rights and our obligations regarding the use and disclosure of that information.

The Princeton Family Institute is required to abide by the terms of this Notice of Privacy Practices, which went into effect as of April 14, 2003.

This notice and any subsequent changes will be posted at the Institute and will also be available on our website. (www.princetonfamily.com)

**IF YOU HAVE ANY QUESTIONS OR ISSUES REGARDING THIS NOTICE PLEASE
CONTACT THE INSTITUTE'S PRIVACY OFFICER:**

NORBERT A. WETZEL, Th.D.

609-921-2551 x 2

This notice describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. It further states the obligations we have to protect your mental health information.

1. Uses and Disclosures of your Mental Health Information without your Permission.

We will use and disclose your mental health information for treatment, payment, and operations purposes within our Institute, with appropriate staff members only, without any authorization from you.

Treatment includes:

- Direct provision of mental health services
- Consultation (e.g. with treatment team)
- Transfer between therapists

Payment includes:

- Obtaining eligibility verification, ongoing authorization
- Billing
- Claims
- Collection

Health Care Operations include:

- General Administration
- Business planning and management

In all of the above situations, we will make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

We may also use and disclose your mental health information without your authorization or opportunity to object in the following situations:

1. Emergencies – We may use and disclose your information in emergency treatment situations (for example, admission to hospital).
2. As required by law – we will use and disclose your information when we are required to do so by federal, state or local law.
3. To avert a serious threat to health or safety – we may use and disclose your information when necessary to prevent a serious and imminent threat to your health and safety or to the health and safety of the public or another person. Under these circumstances we will only disclose health information to someone who is able to help prevent or lessen the threat.
4. Public health activities – we may disclose mental health information about you as necessary for public health activities including disclosures to:
 - Report to public health authorities for the purpose of preventing injury or disability
 - Report child abuse or neglect

We may disclose mental health information about you to a health oversight agency for activities authorized by law. These include government agencies that oversee the mental health care system, government benefit programs such as Medicaid, and other government programs regulating mental health care.

We may disclose mental health information about you to a court or administrative agency when a judge orders us to do so via a subpoena. We will make a reasonable effort to notify you to obtain your authorization.

In all of the above, disclosure will be limited to information necessary to carry out the purpose of the disclosure.

2. Uses and Disclosure of your Mental Health Information with your Permission:

Except for the above-outlined areas, Princeton Family Institute would request your written authorization to release your mental health information. At any time during your treatment, you may revoke your authorization in writing. If you revoke your authorization, we will not make any further uses or disclosures of your mental health information under that authorization.

3. Your Rights Regarding your Mental Health Information.

A right to inspect and copy

You have the right to request an opportunity to inspect or copy mental health information used to make decisions about your care. You must submit your request in writing to the Privacy Officer at the Princeton Family Institute, 166 Bunn Drive, Suite #105, Princeton, NJ 08540.

Since the Princeton Family Institute is an institute specializing in the treatment of couples and families, a letter requesting mental health information must be signed by all adults seen in treatment.

We may deny your request to inspect or copy your mental health information in certain limited circumstances. If you are denied access, you may request that the denial be reviewed.

Right to make changes

If you believe that the Princeton Family Institute has mental health information about you that is incorrect or incomplete, you may ask us to make changes to correct the information. We ask that you contact the Privacy Officer in writing and provide as much detail as possible as to what information needs to be changed and why. We may deny your request if you ask us to amend information that the Princeton Family Institute did not create, or if we believe the information is complete and accurate.

Right to Accounting of Disclosure

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. Please include time frames, which may not be longer than six years and may not include dates before April 14, 2003. The Princeton Family Institute will review all requests individually and comply with your request within 60 days, unless circumstances require additional time. We may charge a nominal fee for this list if a request is made more than one time annually.

Right to a paper copy of this notice

You have the right to a paper copy of this notice. To obtain a paper copy, please contact our Privacy Officer at the Princeton Family Institute, 166 Bunn Drive, Suite #105, Princeton, NJ 08540

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, Tel. 202-619-0257 or 877-696-6775. You will not be penalized for filing a complaint. To file a complaint with us, please do so in writing to the Privacy Officer, Princeton Family Institute, 155 Bunn Drive, Suite #105, Princeton, NJ 08540

CHANGES TO THIS NOTICE: We reserve the right to change the terms of our Notice of Privacy Practices. You may obtain a copy of our current Notice of Privacy Practice at our website www.princetonfamily.com or by calling 609-921-2551 and requesting that a copy be sent to you in the mail or by asking for one any time you are in our office.

I/We have received and read Princeton Family Institute's "Notice of Privacy Practices."

Signature

date

Print Name

Signature

date

Print Name