

Julianne Duncan, Ph.D.

NOTICE OF PRIVACY PRACTICES SUMMARY

This notice is a summary of how your protected health information is used and disclosed and how you can obtain access to this information. You may be provided a full copy of Dr. Duncan's Notice of Privacy Practices.

Use and Disclosures of Health Information

Dr. Duncan will use health information about you to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

Dr. Duncan may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, she may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. She provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, she will ask for your written authorization before using or disclosing any identifiable information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosures.

Dr. Duncan may change these policies at any time. Before making a significant change in our policies, she will change her notice and post the new notice in the waiting area. You can also request a copy of the notice at any time. For more information about Dr. Duncan's privacy practices, contact Dr. Duncan.

Your Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522;
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164. S24;
- Amend your health record as provided in 45 CFR 164.526;
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 104.528;
- Request communications of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

Complaints

If you are concerned that Dr. Duncan has violated your privacy rights, or you disagree with a decision she made about access to your records, you may send a written complaint to the U.S. Department of Health and Human Services. Dr. Duncan can provide you with the appropriate address upon request.

Our Legal Duty

Dr. Duncan is required by law to protect the privacy of your information, provide this notice about her information practices, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact Dr. Duncan.

WRITTEN ACKNOWLEDGEMENT

I acknowledge that I have reviewed the Notice of Privacy Practices, which provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that Dr. Duncan is not required to agree to the restrictions I request.

XX _____
Signature of client or legal representative

Witness

Date

Date