

# Privacy Notice

## To the patients of River Valley Psychological Services

We are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information and to follow the terms of this notice. Our office holds your medical information confidential but will be used for:

### **TREATMENT**

We may share information with other medical professionals in your care including: primary care doctors, nurses, home health providers and pharmacies. We may share information with a family member or friend, who assists in your care only if we have signed release on file. If you are unable to agree or object we may disclose information if it is in your best interest based on our professional judgment.

### **PAYMENT**

We may share information with others to bill and collect payment on your account and to obtain eligibility and precertification.

### **HEALTHCARE OPERATIONS**

We may disclose information for quality improvement, training of medical personnel, licensure and audits or to send you information.

### **PATIENT RIGHTS**

#### **THE RIGHT TO ACCESS YOUR RECORDS**

Patients have the right to view and obtain copies of their own records.

#### **THE RIGHT TO REQUEST RESTRICTIONS**

Patients can put restrictions on who has access to their records.

#### **THE RIGHT TO CONFIDENTIAL COMMUNICATION**

Patients have the right to receive communication about their records in a confidential manner.

#### **THE RIGHT TO AMMEND THE RECORD**

Patients can request to make amendments to their records when they disagree with the content; however, physicians have the right to deny those requests. If your request is denied we will provide you a written explanation and you may respond with a statement of disagreement which will be added to the information you want changed.

#### **THE RIGHT TO AN ACCOUNTING OF DISCLOSURES**

Patients have the right to know everyone that our office discloses information to.

We reserve the right to change our privacy practices at any time.

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Patient Signature

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Date

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Parent/Guardian Signature

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Date