NOTICE OF PRIVACY PRACTICES

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by state and federal law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of the Notice of Privacy Practices at any time. The most current privacy notice will be posted on my website and available upon request.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Dr. Jadkowski may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes.

Uses and Disclosures Requiring Authorization

Dr. Jadkowski may use or disclose PHI in certain situations that require your written permission. In the event you provide authorization, you should know that you can revoke that authorization any time unless Dr. Jadkowksi has acted in reliance upon it. Said revocation must be in writing.

Uses and Disclosures that do not require Consent or Authorization

Dr. Jadkowski may use or disclose PHI without your consent or authorization in the following circumstances:

· Abuse – If Dr. Jadkowski has reason to believe that a minor child, elderly person or disabled person has been abused, abandoned, exploited or neglected, she is required to report this to the appropriate authorities.

· Health Oversight Activities – If the Massachusetts or Vermont Board of Registration of Psychologists is investigating a formal complaint, Dr. Jadkowski may be required to disclose protected health information.

· If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, Dr. Jadkowski may be compelled to provide the

information. Although courts have recognized a therapist-patient privilege , there may be circumstances in which a court would order Dr. Jadkowski to disclose personal health or treatment information.

· If you communicate to Dr. Jadkowski an explicit threat of imminent serious physical harm or death to identifiable victim(s), she is legally obligated to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim.

· If Dr. Jadkowski has reason to believe that you present a serious risk of physical harm or death to yourself, she may need to disclose information in order to protect you.

· Dr. Jadkowski may disclose your protected health information to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

· Dr. Jadkowski may be required to disclose PHI to military authorities or National Security officials that may be required for lawful intelligence, counterintelligence, and other national security activities.

Patient's Rights and Psychologist's Duties

· Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of your clinic health records. A reasonable fee may be charged for copying or, if necessary, redacting the record. Access to your records may be limited or denied under certain circumstances, but in most cases, you have a right to request a review of that decision. On your request, we will discuss with you the details of the request and denial process.

· Right to Amend - You have the right to request in writing an amendment of your health information for as long as PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. You do not have a right to have information deleted from your clinical records.

· Right to an Accounting –You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in any twelve (12) month period, a reasonable fee may be charged.

· **Right to Request Confidential Communication -** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.

· **Breach Notification -** If there is a breach of unsecured protected health information concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

· You have a right to request an electronic copy of your clinical record if it is stored electronically. You also have the right to obtain a paper copy of the notice from Dr. Jadkowski upon request.

Dr Jadkowski's Responsibilities:

· Dr. Jadkowski is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices.

· Dr. Jadkowski may be required to inform her clients of any breach of confidentiality to their PHI, unless it can be demonstrated that there is a low probability that PHI has been compromised.

· Dr. Jadkowski reserves the right to change the privacy policies and practices described in this notice.

Other Restrictions:

· Couples and families seeking treatment will be asked to sign individual consent forms, and further understand that the record of treatment services provided will be released upon written request from either adult present. Should such a request be made, Dr. Jadkowski will notify the other adult present and offer to provide a duplicate copy to that person.

· Dr. Jadkowski will retain all records related to your treatment for a period of seven years after completion of treatment or seven years after the 18th birthday of a minor who received treatment,

For additional information see: https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices

COMPLAINTS

If you believe that I have violated your privacy rights, because I am the Contact Person of this practice, you may file a complaint to me as well as the Secretary of Health and Human Services. You may file a complaint with me by providing me with a writing that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful for me.

I will not retaliate against you for filing a complaint with me or with the Secretary. Complaints to the U.S. Dept. of Health and Human Services must be filed in writing and sent to:

Secretary of Health and Human Services, Office for Civil Rights, US Department of Health and Human services, JFK Federal Building, Room 1875, Boston, MA 02203.

For additional information regarding the complaint process and online filing options, please go to:

https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process

The effective date of this Notice is: 9 April 2025.

BY SIGNING BELOW I AM INDICATING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.