Linda J. Hoffman, PsyD

Your Information.
Your Rights.
My Responsibilities.

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Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask me to limit the information I share
- Get a list of those with whom I've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 2*** for more information on these rights and how to exercise them.

Your Choices

You have some choices in the way I use and share information as I:

- Tell family and friends about your condition
- Provide mental health care
- Market my services
- Sell your information

➤ ***See page 3*** for more information on these choices and how to exercise them.

My Uses and Disclosures

You have some choices in the way I use and share information as I:

- Treat you
- Run my practice
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Work with a medical examiner or funeral director
- Respond to lawsuits and legal actions

➤ ***See pages 3 and 4*** for more information on these uses and disclosures.

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of my responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Submit your request in writing. • I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.
Ask me to correct your medical record	• You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. • I may say "no" to your request, but I'll tell you why in writing within 60 days.
Request confidential communications	• You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • I will say "yes" to all reasonable requests.
Ask me to limit what I use or share	• You can ask me **not** to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say "yes" unless a law requires me to share that information.
Get a list of those with whom I've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who I shared it with, and why. • I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • I will make sure the person has this authority and can act for you before I take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel I have violated your rights by contacting me using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**. • I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share.
If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In this case, you have both the right and choice to tell me to:	• Share information with your family, close friends, or others involved in your care. *If you are not able to tell me your preference, for example, if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases, I will *never* share your information unless you give me permission:	• Marketing purposes. • Sale of your information. • Most sharing of psychotherapy notes.

My Uses and Disclosures

How do I typically use or share your health information?
I typically use or share your health information in the following ways.

Treat you	• I can use your health information and share it with other professionals who are treating you. As a matter of practice, I will seek your authorization before doing so except in an emergency.	***Example:*** Your psychiatrist asks me about your treatment history in an emergency.
Run my practice	• I can use and share your health information to run my practice, improve your care, and contact you when necessary.	***Example:*** I use health information about you to manage your treatment and services.
Bill for your services	• I can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** I give information about you to your health insurance plan so it will pay for your services.

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How else can I use or share your health information? I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and safety. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.

Help with public health and safety issues	• I can share health information about you for certain situations such as:
	  • Reporting suspected abuse or neglect
	  • Preventing or reducing a serious threat to anyone's health or safety

Comply with the law	• I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.
Work with a medical examiner or funeral director	• I can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Respond to lawsuits and legal actions	• I can share health information about you in response to a court or administrative order. If I receive a subpoena that is not accompanied by a court order or your written authorization, I will not produce your records unless the legal requirements for disclosure have been satisfied. See the Consent for Services for details.

Generally, my use and/or disclosure of your health information for any purpose other than for treatment, payment, or private practice business operations will require your signed authorization. If you grant permission for other uses and/or disclosures of your health information, you retain the right to revoke your authorization at any time except to the extent that a disclosure might already have been made.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Changes to the Terms of this Notice

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.

Effective Date of Notice: September 27, 2026. This Notice replaces the Notice dated March 12, 2020.