



## **HIPAA Notice of Privacy Practices for Personal Health Information**

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA"). Two Roads Wellness Associates, LLC, and each member of the community of providers that we work with to provide services to you ("Affiliates") strongly believe in protecting the confidentiality and security of information we collect about you. Your **Personal Health Information** includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services.

We are required by law to: 1) maintain the privacy of your Personal Health Information; 2) provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information; and 3) follow the terms of this notice.

We protect your Personal Health Information from inappropriate use or disclosure. Our employees, and those of companies that help us provide services to you, are required to comply with our requirements that protect the confidentiality of Personal Health Information. They may look at your Personal Health Information only when there is an appropriate reason to do so, such as to administer treatment or services. The main reasons for which we may use and may disclose your Personal Health Information are to coordinate care and treatment in accordance with the agreed upon treatment plan, or to comply with state laws related to limits of confidentiality. This limit also includes the need to share any necessary information to ensure safety of yourself, your child or others where suicidal or homicidal ideation and intent are concerned. The following describe these and other uses and disclosures.

Payment	Health Care Operations
Where Required by Law or for Public Health Activities	To Avert a Serious Threat to Health or Safety
Health-Related Benefits or Services	For Law Enforcement
When Requested as Part of a Regulatory or Legal Proceeding	

You should understand that we will not be able to take back any disclosures we have already made with authorization.

### **Your Rights Regarding Personal Health Information We Maintain About You**

<b>Right to Inspect and Copy Your PHI</b>	<b>Right to Amend Your PHI</b>
<b>Right to a List of Disclosures</b>	<b>Right to Request Restrictions:</b>
<b>Right to Request Confidential Communications</b>	<b>Right to File a Complaint</b>

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Two Roads Wellness Associates, LLC, HIPAA Privacy Officer, 93 Union Street, Suite 406, Newton, MA 02459. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint please contact us at 617-651-5933 or at erin.odonnell.psyd@gmail.com.



I have received and reviewed the Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Relationship to patient

Name of child(ren) receiving treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of birth:

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