



Harbor Place
A Quiet Place to
Learn and Grow

Harbor Psychological Associates and Harbor Center for Sexual Health

1148 Fourth Street • Muskegon, Michigan 49441
Phone: 231-726-2299 • Fax 231-728-6345
www.harborpsychological.com

HARBOR PSYCHOLOGICAL ASSOCIATES – PRIVACY NOTICE

Stella Dial, Ed.D.
Licensed Psychologist

Margaret A. Lowe, Psy.D.
Licensed Psychologist
Sex Therapist

Michelle A. Martin, MA
Licensed Marriage & Family Therapist
Limited Licensed Psychologist*
Certified Sex Therapist

Associates:

Jennifer Imbault, MA
Licensed Professional Counselor
Nationally Certified Counselor

June Martinez, Psy.D
Psychologist-
Doctoral Educational Limited*

Debra Tufts, MA
Limited Licensed Psychologist*
Education Specialist
Certified School Psychologist

Blake Martinez, Psy.D
Licensed Psychologist

Karli Baldus MA
Limited Licensed Psychologist*
Licensed Professional Counselor

Matthew Sharpe, MATS, MAC
Professional Counselor-
Educational Limited*

Joshua Martinez, MA
Temporary Limited Licensed Psychologist*
Limited Licensed Professional Counselor*

*Supervised by a Licensed Psychologist or
Licensed Professional Counselor

Today's Date: _____

Printed name of client: _____

Printed name of legal guardian: _____

This notice describes how personal and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective May 11, 2012

HIPAA & Recipient Rights

A federal act called the Health Insurance Portability and Accountability Act (HIPAA) gives you some additional rights to what you have through state laws. This notice gives you information on these additional rights through HIPAA. Additionally, we are required to follow mental health laws which may be more restrictive concerning confidentiality.

Understanding the Type of Information We Have

We obtain information about you when you receive services through Harbor Psychological Associates (HPA). It includes your date of birth, gender, Social Security Number and other personal information.

Our Privacy Commitment to You

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment/services, payment, business operations or when we are required by law to do so.

- **Treatment/Services:** We may disclose information about you with your written consent to coordinate your services. For example, we may give information to your other healthcare providers.
- **Payment:** We may also use and disclose information, including diagnostic codes, so the care you get can be properly billed and paid for. For example, we will submit bills to your insurance company or EAP Provider.
- **As Required by Law:** We will release information when we are required by law to do so. Examples of such releases would be for subpoenas or other court orders, to avert a serious threat to health or safety, or in other kinds of emergencies.

- **With Your Permission:** If you give permission in writing, we may disclose your personal information. If you give permission, you have the right to change your mind and revoke it. This must be in writing also. We cannot take back any uses or disclosures already made with your permission.

Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to our HPA's Privacy Officer: Margaret Lowe.

- **Your Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying records.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of disclosures made after May 11, 2012. This list will not include the times that information was disclosed for treatment, payment, or business operations. This list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such requests.
- **Your Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

Changes To This Notice

We reserve the right to revise this notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect.

How to Use Your Rights Under This Notice

If you have questions or would like more information, you may contact one of our Privacy Officers at 231.726.2299. If you believe your privacy rights have been violated, you can file a complaint with one of our Privacy Officers or the Department of Health and Human Services. You will not be penalized for filing a complaint.

Complaints and Communication to Us

You may write:

H.P.A., Privacy Officer
 1148 Fourth Street
 Muskegon, MI 49441
 Phone: 231.726.2299
 Fax: 231.728.6345
www.harborpsychological.com

Complaints to the Federal Government

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write:

Office of Civil Rights
 Dept. of Health & Human Services
 200 Independence Ave. SW
 Washington, DC 20201
 Phone: 886.788.4989
 Email: ocrprivacy@bbs.gov

Copies of This Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

Signature of Client or Legal Guardian: _____ Date: _____