White Pine Behavioral Health LLC
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Licensed Psychologist

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION ("PHI")

Federal law requires that I provide you with this notice of my privacy practices. I am required by law to protect the privacy of health information that identifies, or can be used to identify, a patient. This information is called "protected health information" ("PHI"). This notice describes your rights as my patient, and my obligations regarding the use and disclosure of your PHI.

II. HOW I MAY USE AND DISCLOSE YOUR PHI

A. Use of PHI for Treatment, Payment or Health Care Operations:

Treatment: I may use or disclose your PHI to provide, coordinate, or manage your health care and other services related to your health care. For example, I may consult with another health care provider, such as your family physician.

Health Care Operations: I may use and disclose your PHI to perform routine business activities ("health care operations"). Health care operations include practices that allow me to improve the quality of care I provide and to reduce health care costs. For example, I may use and disclose your PHI to review and improve the quality, efficiency and cost of care that I provide. Other examples include business-related matters such as audits and administrative services, and case management and care coordination.

B. Other Uses and Disclosures Requiring Authorization

I may use or disclose your PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. Authorization requires your written permission to disclose confidential mental health information. Authorization to disclose must be on a specific legally required form. When I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have

relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. USES AND DISCLOSURES WITHOUT AUTHORIZATION

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I know or have reasonable cause to suspect that a child has been abused or neglected, I must report the matter to the appropriate authorities as required by law.

Adult and Domestic Abuse: If I suspect that an adult has been abused, neglected, or exploited and I have reasonable cause to suspect that the adult is incapacitated or dependent, I must report the matter to the appropriate authorities as required by law.

Health Oversight Activities: I may disclose PHI to the Maine Board of Examiners of Psychologists, or one of its representatives, pursuant to standards or regulations for regulation, accreditation, licensure, or certification.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If, based on my reasonable professional judgment, I believe that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, I may disclose PHI to the appropriate persons.

Worker's Compensation: I may disclose PHI as authorized by and to the extent necessary 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.

IV. PATIENT'S RIGHTS AND PSYCHOLOGIST'S DUTIES

A. Patient's Rights

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a mental health professional. Upon your request, I will send your bills to another address.)

Right to Inspect and Copy: You have the right to inspect or receive a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. I must permit you to request access to inspect or to obtain a copy (or both) of Psychotherapy Notes, unless I believe that such access would be detrimental to your health. If you are denied access to Psychotherapy Notes, it is possible upon presentation of a written authorization signed by you that such notes or a "narrative" of the notes may be made available to your "authorized representative." On your request, I will discuss with you the details of the request and denial process.

Right to Amend: You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. I may deny your request in certain cases. On your request, I will discuss with you the details of the amendment process.

Right to Receive a Listing of Disclosures: You generally have the right to request a listing of certain disclosures that I have made of your PHI. This is a list of disclosures made for treatment, payment, and health care operations. It excludes disclosures made to you or to family members and friends involved in your care. On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

B. Psychologist's Duties:
I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a revised notice either in person or by mail.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO FILE A COMPLAINT

If you are believe that your privacy rights have been violated or disagree with a decision I made about access to your records, you may contact:

Joel Guarna, PhD
25 Middle Street
Portland, ME 04101
207-272-8500

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. Your complaint will not alter or affect the care that I provide.

VI. Effective Date of This Notice

This notice is in effect as of February 1, 2006.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by U.S. mail or in person.

My signature below confirms that I have received a copy of this privacy notice:

Signature of Patient or Patient's Representative	**Date**
Printed Name of Patient or Patient's Representative	**Date**