



**JAMES LEVINE & ASSOCIATES**  
Your Partner in Behavioral Health Solutions

Officer and provide as much detail as possible as to what information needs to be corrected and why. We may deny your request if you ask us to amend information that JLA did not create, or if we believe the information is complete and accurate.

**Right to Accounting of Disclosures:** You have the right to request an “accounting of disclosures”. This is a list of all of the disclosure we made of medical information about you for the purposes other than treatment, payment and health care operations. Please include time frames, which may not be longer than six years and may not include dates before April 14, 2003. JLA will review all requests individually and comply with your request within 60 days, unless circumstances require additional time. We may charge a nominal fee for this if a request is made more than one time annually.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may obtain a copy of the current Notice of Privacy Practices at our website, [www.jameslevineassoc.com](http://www.jameslevineassoc.com) or by calling the office and request a copy be sent to you by mail or ask for one while you are in any of our offices.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office. Please contact:

Miles Morrissey LICSW  
James Levine & Associates  
9 College Street, Suite 6  
South Hadley, Ma. 01075

Or with:

Peter Chan  
Regional Manager Office for Civil Rights  
US Department of Health & Human Services Government Center  
JF Kennedy Federal Building Rm. 1875  
Boston, Ma. 02203

James Levine & Associates  
9 College Street Suite 6  
South Hadley, Ma. 01075  
Phone (413) 534-7400  
Fax (413) 534-7483



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## **JAMES LEVINE & ASSOCIATES NOTICE OF PRIVACY PRACTICES**

*As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).*

### **Our Commitment to your Privacy:**

James Levine & Associates (JLA) is dedicated to maintaining the privacy of your individual identifiable health information. HIPAA refers to this information as protected health information (PHI) or mental health information (MHI). In conducting our business, JLA will create records regarding you and the treatment of services we provide to you. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your MHI. By Federal and State law, we must follow the terms of the Notice of Privacy Practices that we have in effect at this time.

The terms of this notice apply to all records containing your MHI that are created or retained by our practice. ***We reserve the right to revise or amend this Notice of Privacy Practices at any time.*** Any revision or amendment to this notice will be effective for all of your records JLA has created or maintained in the past, present and that we may create in the future. JLA will post our Notice of Privacy Practices in a visible location in our offices, and you may request a copy of our Notice at any time.

### **Use & Disclosure of your MHI without your Permission:**

We will use and disclose your MHI for: treatment, payment and operations purposes within our Institute, with appropriate staff members only without any authorization from you.

### **Treatment includes:**

- Direct provisions of mental health services
- Consultation (with treatment team, psychiatrist)
- Transfer between therapists

### **Payment includes:**

- Obtaining eligibility verification, pre-authorizations or ongoing authorizations
- Billing
- Claims
- Collection

### **Health Care Operations include:**

- Matters related to quality improvement
- Utilization review
- General administration
- Business planning & management
- Legal & auditing services
- Site visits pertaining to licensing and accreditation

In all of the above situations we will make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

We may also use and disclose your MHI without your authorization or opportunity to object in the following situations:

**Emergencies:** We may use & disclose your information in emergency situations i.e. ambulance or admission to a hospital.

**As Required by Law:** JLA may use & disclose your information when we are required to do so by Federal, State or Local law.

**To Avert Serious threat to Health or Safety:** We may use & disclose your information when necessary to prevent a serious or imminent threat to your health and safety or to the health and safety of the public or another person. Under these circumstances we will only disclose MHI to someone who is able to help prevent or lessen the threat.

**Public Health Activities:** JLA may disclose MHI about you as necessary for public health activities including disclosures to:

- Report to public health authorities for the purpose of preventing/controlling disease, injury or disability
- Report of child abuse or neglect
- Report to the (FDA) Food & Drug administration information about defective products or problems with medication
- Notify a person who may have been exposed to a communicable disease or who is at risk of contracting/spreading a disease.

We may disclose MHI to a health oversight agency for activities authorized by law. These include government agencies that oversee the mental health care system and government benefit programs such as Medicaid. We may disclose your MHI to a court or administrative agency when a judge orders JLA to do so via a subpoena. We will make reasonable effort to notify you.

*In all of the above, disclosure will be limited to only information necessary to carry out the purpose of the disclosure.*

**Use & Disclosure of your MHI with your Permission:** Except for the above outlined areas, James Levine & Associates will request written authorization to release your mental health information. At any time during your treatment, you may revoke your authorization in writing. If you revoke your authorization, we will not make any further uses or disclosures of your MHI under that authorization.

### **Your Rights Regarding Your MHI:**

**Right to Inspect & Copy:** You have the right to request an opportunity to inspect or copy your MHI used to make decisions about your care. You must submit your request in writing to; Privacy officer at James Levine & Associates 130 Southampton Rd. Westfield, Ma. 01085. In the case service rendered was for couples/family treatment, the written request must be signed by all adults seen in treatment.

We have the right to deny your request to inspect or copy your MHI in certain limited circumstances. If you are denied access, you may request the denial be reviewed.

**Right to Make Changes:** If you believe JLA has MHI about you that is incorrect or incomplete, you may request in writing that we make changes to correct the information. Send the request to the Privacy