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## JULIA BECKER, PSY.D

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### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO ME.**

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#### **OUR LEGAL DUTY**

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices. My legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect May 1, 2008, and will remain in effect until I replace it.

I reserve the right to change my privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my Notice effective for all health information that we maintain, including health information I created or received before I made the changes. Before I make a significant change in my privacy practices, I will change this Notice and make a new Notice available upon request.

You may request a copy of our Notice at any time. For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

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#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

I use and disclose health information about you for treatment, payments, to obtain managed care authorizations, and other healthcare operations. For example:

**Treatment:** I may use or disclose your health information to a physician or other healthcare provider providing treatment for you.

**Payment:** I may use and disclose your health information to obtain payment for services I provide to you.

**Healthcare Operations:** I may use or disclose your healthcare information to provide quality assessment and improvement activities, to review the competence or qualifications of healthcare professionals, for evaluation of practitioner and provider performance, for conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to my use of your health information for treatment, payment or healthcare operations, you may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your health information for any reason except those described in the Notice.

**Persons Involved in Care:** I may use or disclose health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, I will provide you with an opportunity to object to such use or disclosures. In the event of your incapacity or emergency circumstances, I will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. I will also use my professional judgment and my experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up health information.

**Marketing Health-Related Services:** I will not use your health information for marketing communications.

**Required by Law:** I may use or disclose your health information when I am required by law to do so or if a court of law orders your records.