

**HEALTHY INSIGHTS, INC.**  
**Caryn L. Goldberg, Ph.D.**  
**Pamela N. Markham, Psy.D.**  
**5150 Linton Blvd, Suite 310**  
**Delray Beach, FL 33484**  
**561-498-8585**

**HIPAA PRIVACY NOTICE**

**This notice describes how information about you may be used and disclosed and how you can get access to this information.**

We are committed to protecting your privacy and that of your medical records. However, I may have to use and disclose medical information as outlined below:

For the purposes of providing psychotherapy.

Information may be shared among office staff and with other providers outside this office if they are involved in your treatment.

For the purpose of payment.

Information about you may be disclosed for billing and collection. This may involve an insurance company a family member, a collection agency, or any third party that may be involved in payment for your care.

For appointment reminders.

We may call you, speak to you or leave a message with someone or on an answering machine regarding your upcoming appointment.

For authorization of initial treatment or continuation of treatment.

We may disclose information to insurance companies, HMOs or managed care companies in order to obtain approval for treatment plans.

As required by law.

We must disclose information about you if required by law.

To avert a serious threat to health or safety.

We may disclose information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Workers' Compensation and disability.

We may release information about you to Workers' Compensation programs, disability insurers, or Social Security Administration. In certain instances, such information may be released to your employer.

Public health risks.

We may disclose information about you in cases of child abuse or neglect, adult abuse or neglect, domestic violence, and any potential risk.

Health oversight activities.

We may disclose information to a health oversight agency for activities authorized by law such as audit, investigations, inspections, and license.

Legal matters.

We may disclose information about you to attorneys, courts, or other agencies in response to a court order, warrant, summons, subpoena, discovery or request, or to assist in an investigation.

***YOUR RIGHTS REGARDING INFORMATION ABOUT YOU***

Right to inspect and copy.

You have the right to inspect and request a copy of your record as well as your billing record. You must submit a written request and pay for the cost of copying your records.

Right to amend.

If you feel that information contained in your record is incorrect or incomplete, you have the right to ask me to amend the information. You must submit a written request and provide a reason for your request.

Right to an accounting of disclosures.

You have the right to request, in writing, a list of the disclosures we made of information about you within a period not exceeding six years.

Right to request restrictions.

You have the right to request, in writing, a restriction or limitation on information we use or disclose about you.

Right to request confidential communication.

You have the right to request that I communicate with you about your psychological matters in a certain way and at a certain location.

Right to a paper copy of this notice.

We will provide you with a copy of this notice upon your request.

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***NOTICE OF PRIVACY PRACTICE (HIPAA) PATIENT ACKNOWLEDGEMENT***

I acknowledge receipt of a copy of Healthy Insights Inc.'s notice of Privacy Practice.

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_