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Notice of Privacy Practices

Effective date: 3/15/2025

Introduction

We keep a record of the health services you receive to support your care and meet legal requirements. We are committed to protecting your privacy and are legally required to keep your health information secure. This Notice of Privacy Practices (the “**Notice**”) explains our privacy policies and how we handle your information.

Contact

If you have any questions about this Notice, please contact Amy Kessler, LCSW at 917-275-7316.

Scope

This Notice covers all information we create about your past, present, and future mental and physical health. We, along with our employees and other parties we hire, follow the privacy rules outlined here, including any future updates.

Changes to this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available on request and on our website.

Our Records

- We maintain a record of your health information, including your medical history and our “**Progress Notes**,” which include: session dates, the types of treatment provided, results of clinical tests, and summaries of your diagnosis, symptoms, functional status, prognosis, treatment plans, and progress.
- We may also keep “**Psychotherapy Notes**,” which are our personal notes and observations that are separate from the rest of your treatment record.

Data Breach Notification

You will be promptly notified if a data breach compromises the privacy or security of your health information.

Use and Disclosure of Your Information

Generally, we use or disclose your protected health information only with your written authorization. In some cases, we may use your health information internally, or disclose it externally, without your direct permission. For instance:

- **Care and Treatment.**
 - Your health information may be used within our practice to support your care and treatment.
 - If we are unavailable, an on-call mental health professional may access your information to assist you.
 - We may share your health information with external medical professionals treating you in emergency situations.

- **Public Health and Safety Activities.** We may share your information with family, friends, law enforcement, or others if we believe there is a serious threat to your health and safety, or the health and safety of the public or another person. For example, we may share your information to:
 - prevent harm to you or others; and
 - report suspected child neglect or abuse, domestic violence, or elder abuse.

- **Legal Proceedings and Law Enforcement.**
 - We may be legally required to share your health information in court cases, such as child custody disputes or if your mental health is relevant in legal proceedings.
 - We may share limited information with law enforcement to assist in locating a missing person, witness, or suspect, or to support a crime victim.
 - If required, we will share information with government agencies overseeing our practice.

- **For Business Operations.**
 - Certain information may be used for essential business operations, such as contacting you, scheduling, appointment reminders, billing, and compliance.
 - We may share details about your condition and treatment to receive payment from your insurance company or other payers.
 - We may share your information with outside professionals who help with tasks like auditing, legal work, or transcription. We require these parties to protect your information and follow privacy laws.

Notes on Use and Disclosure

- Whenever possible, we will discuss the situation with you before disclosing any confidential information externally and will only use or disclose the minimum amount of information that is necessary.
- We need your specific permission to share Psychotherapy Notes, HIV information, or details about alcohol and substance abuse, unless required by law. The recipient cannot share HIV or substance abuse information unless allowed by federal or state law.

When We Will Not Use or Disclose Your Information

We will not sell your information for any reason or share your information for our marketing.

Your Rights and Choices

When it comes to your health information, you have rights. This section covers some of your rights and some of our responsibilities to help you.

You have the right to:

- **Inspect and Obtain a Copy of Your Information.** You may request a copy of your treatment records in paper or electronic form. We may not provide your complete record. For instance, we may not provide our Psychotherapy Notes, and we may not provide information that could cause substantial harm to you or others. You may request your records; if we deny your request, we will explain why.
- **Request Amendments.** If you believe your records are inaccurate, you can ask us to correct them. If we do not make the change, we will note your request in your file.
- **Authorize Disclosures of Your Information.** You may decide if we share your health information, general condition, or location with family, friends, or others involved in your care. You may revoke these authorizations at any time. We will accommodate your requests as best we can, and as required by law.
- **Request Restrictions on Our Disclosures in Emergency Situations.** You may request restrictions on how we share your information in emergencies. We will make reasonable efforts to follow your instructions, but we may share your information according to our best judgment and as required by law.
- **Request Additional Restrictions on Disclosures.** You have the right to ask us not to use or share certain information for treatment, payment, or operations. We may not always agree, but we will discuss it with you.
- **Request a List of Disclosures.** You have the right to ask for a list of instances when we shared your information. This does not include disclosures for treatment, payment, healthcare operations, or those you requested. You can receive one free list per year.
- **Choose Someone to Act for You.** If you have given someone medical power of attorney or have a legal guardian, they can make decisions about your health information.
- **Request Confidential Communications.** You can ask us to contact you in a specific way or at a certain location (e.g., only at a specific address). We will accommodate reasonable requests.

- **Make Complaints.** If you believe your privacy rights have been violated, you can file a complaint without retaliation. You may either file a complaint:
 - directly with us by contacting Amy Kessler LCSW PLLC at 917-275-7316, or
 - with the Office for Civil Rights at the US Department of Health and Human Services, 886-627-7748, www.hhs.gov/ocr/privacy/hipaa/complaints/