

# Dr. Jeffrey Hamsley, Sr.

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## Notice of Privacy Practices

**This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Your health record contains personal information about you and your health. Dr. Jeffrey Hamsley is committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information Dr. Hamsley collects, and how and when Dr. Hamsley uses or discloses that information. It also describes your rights as they relate to your protected health information.

This notice is effective **April 14, 2003**, and applies to all protected health information as defined by federal regulations. An example of protected health information would be that a bill might be sent to you or your insurance company. The information on or accompanying the bill may include information that identifies you such as your name, address, and/or date of birth, and/or social security number.

### Dr. Hamsley may use your Protected health Information

- For Payment. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, or reviewing services provided to you to determine medical necessity.
- Notification to Another Person Responsible for Your Care. For example, a person under the age of 16 or a person unable to conduct their own affairs.
- Communication with family. Health professionals, using their best judgments, may disclose to a family member, other relative, close personal friend or any other person you identify, protected health information relevant to that person's involvement in your care or payment related to your care.
- Without Authorization. The types of uses and disclosures that may be made without your authorization are those that are:

**Required by Law**, such as the mandatory reporting of child or elderly abuse or neglect.

Also, upon request by the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Another example would be upon request of the social work licensing board or the health department.

**Necessary to prevent or lessen serious harm** to yourself, another, or the public. For example, in cases such as threat of suicide or homicide.

**Required by Court Order**

### Your Rights Regarding Your Protected Health Information

- Right of Access to Inspect and Copy Protected Health Information in your records (excluding separately maintained psychotherapy notes)
- Right to Amend Information that is incorrect or incomplete in your records (excluding separately maintained psychotherapy notes)
- Right to an Accounting of Disclosures
- Right to Request Restrictions on Uses and Disclosures. *I am not required to agree to your request.*

**Notice of Privacy Practices (Effective April 14, 2003)**

- Right to Request Confidential Communication. You have the right to reasonable request that he communicates with you about medical matters in a certain way or at a certain location. This usually refers to phone contact and address.
- Right to a Paper Copy of this Notice.

**Verbal Permission**

Dr. Jeffrey Hamsley, ED.D., L.P.C., may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization**

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time.

**Changes to this Notice of Privacy Practices**

Dr. Jeffrey Hamsley, ED.D., L.P.C., reserves the right to change this Notice. Dr. Hamsley reserves the right to make the revised or changed Notice effective for protected health information he already have about you as well as any information he receives in the future. Any revised Notice will be posted in his office. Upon request, he will provide a revised paper Notice to you.

**For More Information Or to Report a Problem**

If you have questions or would like additional information about privacy practices, please contact Dr. Jeffrey Hamsley. If you believe your privacy rights have been violated, you can file a complaint with Dr. Hamsley or the Office for Civil Rights. There will be no retaliation for filing a complaint.

Office for Civil Rights

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

**Notice of Privacy Practices  
Receipt and Acknowledgment of Notice**

**Client:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Social Security #:** \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Dr. Jeffrey Hamsley's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Jeffrey Hamsley, Ed.D., L.P.C., Office: (901)861-8240 or Mobile: (901)489-0691.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of or Parent, Guardian or Personal Representative\***

\_\_\_\_\_  
**Date**

\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

**Patient/Client Refuses to Acknowledge Receipt:**

\_\_\_\_\_  
**Dr. Jeffrey Hamsley, Ed.D., L.P.C.**

\_\_\_\_\_  
**Date**