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**NOTICE OF PRIVACY PRACTICES SUMMARY**

This notice is a summary of how your protected health information is used and disclosed and how you can obtain access to this information.

**Uses and Disclosures of Health Information**

Dr. Kushner uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

Dr. Kushner may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, she may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. Dr. Kushner also provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, she will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Dr. Kushner may change her policies at any time. Before Dr. Kushner makes a significant change in her policies, she will provide you written notice of the changes.

**Your Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of privacy practices upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

DR. MARGO KUSHNER, LCSW-C, AAMFT, RSW-C



Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Complaints**

If you are concerned that Dr. Kushner has violated your privacy rights, or you disagree with a decision made about access to your records, you may send a written complaint to the U.S. Department of Health and Human Services.

**Our Legal Duty**

Dr. Kushner is required by law to protect the privacy of your information, provide this notice about her information practices, and follow the information practices that are described in this notice.

**WRITTEN ACKNOWLEDGEMENT**

I acknowledge that I have reviewed the **Notice of Privacy Practices** which provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that Dr. Kushner is not required to agree to the restrictions I request.

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Signature of Patient or Legal Representative

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

