

**Tamara J. Galinsky, MA, ATR-BC, LPC, LCPAT**  
8605 Cameron Street, M-4, Silver Spring, MD 20910  
(202) 579-9567 \* artxtamara@gmail.com \* www.tamaragalinsky.com

**PRIVACY POLICY**

Each time you come for therapy or visit any doctor's office, hospital, clinic, or any other "health care provider," information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the treatment or other services you received from Tamara J. Galinsky, MA, ATR-BC, LPC, LCPAT, or from others, or about payment for health care. The information collected from you is called, in the law, **PHI**, which stands for **Protected Health Information**. This information goes into your medical or health care record or file at our offices.

Although your health record is the physical property of the health care practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy we can make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing, you can ask us to amend your record, although in some rare situations, we do not have to agree to do that.

When your information is read by your therapist, it is called, in the law, "use." If the information is shared with or sent to others outside of this office, that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI or disclose it to others, we share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is disclosed, and so we will tell you more about what we do with your information.

Tamara J. Galinsky, MA, ATR-BC, LPC, LCPAT uses and discloses PHI for several reasons. Mainly, we will use and disclose it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a written Authorization form unless the law lets or requires us to make the use or disclosure without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your authorization.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows us to use your protected health information (PHI) for treatment, payment, and health care operations (TPO). In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO and HIPAA allows us to use and disclose your PHI for TPO. However, we are required by the law to give you notice of how we use your PHI and have you sign a form acknowledging that we have provided you with this notice. You are asked to sign an acknowledgement form after you have received this notice and before you begin treatment with Tamara J. Galinsky, MA, ATR-BC, LPC, LCPAT.

If we want to use your information for any purpose besides TPO or those we described above, we need your permission on an Authorization form.

If you do authorize us to use or disclose your PHI, you can revoke (or cancel) that permission, in writing, at any time. After that time, we will not see or disclose your information for the purposes to which we agreed. Of course, we cannot take back any information we had already disclosed with your permission or what we had used in our office.

\_\_\_\_\_  
Signature of client or her/his personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or her/his personal representative

\_\_\_\_\_  
Client's Date of Birth

\_\_\_\_\_  
Relationship to client (if client, write "Self")