

Notice of Privacy Practices 2025

Notice of Privacy Practices

This Notice describes how medical and mental health information about you and your family may be used and disclosed and how you can get access to this information. I encourage you to review it carefully.

Use of Your Confidential Information

Leah Ciffolillo, LCSW LLC may use your information for treatment, payment, and health care operations. For example:

- For treatment: I may use your information to discuss your care and treatment, or, with your consent, to coordinate referrals to another program or provider.
- For payment: I may submit portions of your information to your insurance carrier or other third party payer to secure payment on your behalf.
- For health care operations: I may use your information in the course of quality assurance, evaluation, training or audit activities.
- I may use your information to contact you for appointment reminders, to provide information about treatment alternatives or other health services; to share important information; or to discuss care or treatment issues.
- Business associates of Leah Ciffolillo who perform services related to treatment, payment or health care operations may also have access to your information solely for the purpose of providing such services. For example, Leah may consult with a health care billing expert when encountering issues related to your insurance plan. Business associates must agree, in writing, to maintain the confidentiality of such information. Business associates must also comply with applicable security practices required by law.
- I may disclose information without your authorization as required or permitted by law including any of the following reasons:
 - To comply with state and federal laws and regulations;
 - To make a required report of abuse or neglect and cooperate with abuse or neglect investigations;
 - To comply with health oversight activities by government agencies;

- To comply with a court order, subpoena, or other lawful process;
- To avert a serious threat to health or safety;
- For workers' compensation purposes;
- In an emergency or for disaster relief purposes, such as to notify family about your whereabouts and condition;
- For active members or veterans of the military information may be disclosed as required by the military; or
- To cooperate with the conduct of national security intelligence activities authorized by law.

Except as described above, Leah Ciffolillo will not use or disclose your private health information without your written authorization to do so.

- Leah Ciffolillo, LCSW LLC's Responsibilities:
 - To protect and maintain the privacy and security of your protected health information.
 - Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
 - Follow the duties and privacy practices described in this notice.
 - Provide a copy of this notice to you.
 - Leah Ciffolillo, LCSW LLC reserves the right to change our privacy practices, if necessary. You may request these at any time.

Your Rights

You have the right to:

- Request restrictions on the use and disclosure of your information. I will honor all reasonable requests. If you pay for a service in full, you can ask me not to share information for the purpose of payment with your health insurer, unless a law requires us to do so.
- Receive communications from us in a confidential manner. You may elect to allow communication via email, texting, or message left on a voicemail system. You may elect to receive mail in a plain envelope rather than one with Spurwink identified as the return address. I will honor all reasonable requests.

- Authorize and request that we send your information to other health care providers, agencies, or other persons. You may revoke this authorization at any time through verbal or written request, except to the extent that information has been disclosed based upon the previous authorization.
- Review and/or receive a copy of your information, with some exceptions noted in these policies. If you wish to do so, we will provide you or others you select an opportunity to review your record within three weeks of such a request. There is no charge for copying costs for records provided to service recipients or guardians.
- Request to amend your information. If you wish to do so, please submit the proposed amendment in writing to your worker or clinician. If approved, he/she will ensure your amended information is added to the record. If we make any written response to your amended information, you will be given a copy. If Leah declines your request, a written explanation of the reasons will be provided within 30 days.
- Receive a paper copy of this Notice of Privacy Practices upon request.
- Choose someone to act for you in exercising your rights. For example, if you have a Supported Decision Making agreement, medical power of attorney or legal guardian, the designated person can make choices about sharing your protected health information.
- File a complaint or grievance and be free from any form of retaliation by this provider for filing a complaint or grievance.

You may contact Leah Ciffolillo with any concerns at (207) 332-0650, through Simple Practice messaging, or through email to leahciffolillo@gmail.com. I do not recommend sending personal health information via email or text.