

# NOTICE OF PRIVACY PRACTICES

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## Notice of Privacy Practices

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Psychiatric Nurse Practitioner

Phone: 332-290-3466

Secure Portal Link: <https://elizabeth-harvey.clientsecure.me>

Effective Date: March 17, 2026

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## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

Please review it carefully.

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### My Legal Duty

I am required by federal and state law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Abide by the terms of this notice
- Notify you in the event of a breach of unsecured PHI

Protected Health Information includes information that identifies you and relates to your mental or physical health, treatment, or payment for services.

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### How Your Information May Be Used and Disclosed

#### For Treatment

I may use and disclose your health information to provide, coordinate, or manage your care.

Examples include:

- Communicating with your primary care provider
- Coordinating with a therapist (with authorization when required)
- Referring you to another provider

#### For Payment

I may use or disclose your information to bill and collect payment.

Examples include:

- Submitting claims to your insurance company
- Verifying coverage
- Responding to insurance inquiries

#### For Health Care Operations

I may use your information for practice operations such as:

- Quality assessment and improvement
  - Training
  - Compliance and auditing activities
  - Business management functions
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### **Uses and Disclosures Without Your Authorization**

I may disclose your information without written authorization when required or permitted by law, including:

- To prevent a serious threat to health or safety
- Reporting suspected child abuse or neglect
- Court orders or lawful subpoenas
- Public health reporting
- Certain law enforcement purposes
- As required by workers' compensation laws

Psychotherapy notes (as defined by HIPAA) receive special protection and are not disclosed without specific authorization except as permitted by law.

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### **Additional Protections for Mental Health Information**

New York State law provides additional confidentiality protections for mental health records. In some circumstances, state law may provide greater privacy protection than federal law.

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### **Minor Patients**

For patients under 18 years of age, parents or legal guardians generally have the right to access the minor's health information.

However, in certain situations permitted by New York law, minors may consent to specific types of care, and confidentiality may be maintained consistent with applicable law.

The limits of parental access and minor confidentiality will be discussed at the start of treatment.

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### **Your Rights Regarding Your Health Information**

You have the right to:

#### **Access and Obtain a Copy**

Request to inspect or obtain a copy of your medical record (with limited exceptions).

#### **Request an Amendment**

Request correction of information you believe is inaccurate or incomplete.

#### **Request Restrictions**

Request limits on how your information is used or disclosed. While I will consider requests, I am not required to agree to all restrictions.

#### **Request Confidential Communications**

Request that communications be sent to you in a specific way (for example, at a specific phone number or address).

#### **Receive an Accounting of Disclosures**

Request a list of certain disclosures made outside of treatment, payment, and operations.

**Receive a Paper Copy of This Notice**

You may request a paper copy at any time.

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**Electronic Communication and Telehealth**

Electronic communication carries some privacy risks despite reasonable safeguards.

Telehealth services are conducted through HIPAA-compliant platforms. While reasonable protections are in place, no electronic system can guarantee absolute security.

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**Changes to This Notice**

I reserve the right to revise this Notice.

Any revised Notice will apply to all information maintained by the practice and will be made available upon request and posted in the patient portal.

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**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with:

Elizabeth Harvey, DNP, PMHNP-BC  
425 W 47th St  
New York, NY 10036  
Phone: 332-290-3466

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against for filing a complaint.

Your signature below serves to acknowledge that you have received a copy of this Notice of Privacy Practices.