



Dr. Kristan Melo, Licensed Psychologist

Telehealth Psychotherapy Services, New York
31 Covert Avenue #5048, Floral Park, NY 11001

contact@kristanmelo.com

Tel: 516-216-9491

www.kristanmelo.com

NOTICE OF PRIVACY PRACTICES

Effective Date: June 29, 2025

Privacy Official Contact: Kristan Melo

Phone: 516-216-9491

Email: contact@kristanmelo.com

This notice explains how your medical information may be used and shared, and how you can access this information. We are committed to protecting your privacy in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Please read it carefully.

Your Rights Regarding Your Health Information

When it comes to your health information, you have specific rights. This section explains what your rights are and how I will help you exercise them.

You have the right to:

- **Get an Electronic or Paper Copy of Your Medical Record:** You can inspect your records within 10 days of your request and receive copies within a reasonable time, typically 10–14 days, or within the timeframe required by New York State law. To request your records, please contact my Privacy Official.

- **Ask Me to Correct Your Medical Record:** If you believe that health information about you is incorrect or incomplete, you can ask me to correct it. I may say "no" to your request, but I'll provide you with a written explanation within 60 days.
- **Request Confidential Communications:** You can ask me to contact you in a specific way (for example, by calling your home or office phone, or by sending mail to a different address). I will agree to all reasonable requests.
- **Ask Me to Limit What I Use or Share:** You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to all such requests, and I may say "no" if it would impact your care.
 - **Special Note for Out-of-Pocket Payments:** If you pay for a service or health care item out-of-pocket in full, you can specifically ask me not to share that information with your health insurer for the purpose of payment or my operations. I will agree to this request unless a law requires me to share that information.
- **Get a List of Those With Whom I've Shared Information (Accounting of Disclosures):** You can ask for a list of times I've shared your health information for the six years prior to your request, who I shared it with, and why. This list will include disclosures other than those for treatment, payment, and healthcare operations, as well as disclosures you specifically authorized. I will provide one accounting per year for free, but may charge a reasonable, cost-based fee for additional requests within a 12-month period.
- **Get a Paper Copy of This Privacy Notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. I will provide you with a paper copy promptly.
- **Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will verify their authority to act on your behalf before taking any action.
- **File a Complaint if You Believe Your Privacy Rights Have Been Violated:** If you feel I have violated your rights, you can file a complaint directly with me using the contact information above. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a

letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

Your Choices About Sharing Your Health Information

For certain health information, you have the ability to tell me your preferences about what I share. If you have a clear preference for how I share your information in the situations described below, please let me know. I will follow your instructions.

You have the choice to decide whether I:

- Share information with your family or others involved in your care: For example, sharing your condition with a spouse or parent.
- Share information during disaster relief efforts: Such as sharing your information with organizations like the Red Cross.
- Include your information in a hospital directory: If you are in a hospital.
- Contact you for fundraising efforts: I may contact you for fundraising purposes, but you have the right to tell me at any time that you do not want to be contacted for fundraising.

If you are unable to communicate your preference (for example, if you are unconscious), I may still share your information if I believe it is in your best interest. I may also share your information when needed to prevent a serious and imminent threat to health or safety.

When I Need Your Written Permission to Share Information

In the following cases, I will not share your information unless you provide me with your written permission (authorization):

- Marketing Purposes: Using your health information to market products or services.
- Sale of Your Information: Selling your health information.

- **Most Sharing of Psychotherapy Notes:** Specific notes from psychotherapy sessions are highly protected and generally require your explicit authorization to be shared

Specific rules apply to certain highly sensitive information, such as HIV-related information (under NY Public Health Law Article 27-F) and Substance Use Disorder (SUD) treatment records (under federal 42 CFR Part 2). These types of information often require specific, separate authorization forms for disclosure, even for purposes that might otherwise be permitted by this notice.

How I Typically Use and Disclose Your Health Information

I typically use or share your health information in the following ways to provide your care and run my practice:

- **To Treat You:** I may use your information to provide you with medical treatment or services. For example, I might share your information with other healthcare providers involved in your care, such as a specialist you are seeing, to coordinate your treatment.
- **To Run My Practice and Improve Care:** I can use and share your health information to manage my practice, improve the quality of care, and for administrative functions. For example, I may use your records to review the quality of care I provide, for staff training, or for administrative purposes like scheduling and managing billing.
- **To Bill for Your Services:** I can use and share your health information to bill and get payment from health plans or other entities. For example, I may share your information with your health insurance company to get paid for the services I provide or to verify your coverage.

I am also allowed or required to share your information in other ways, typically in ways that contribute to the public good, such as for public health and research. I must meet many conditions in the law before I can share your information for these purposes. For more information, you can visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Examples of other situations where your information may be shared include:

- **Helping with Public Health and Safety Issues:** For certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Reporting certain serious physical injuries (e.g., gunshot wounds or serious stab wounds) to law enforcement as required by New York State law
 - Preventing or reducing serious threat to anyone's health or safety
- **Health Research:** Using or sharing your information for approved health research projects.
- **Complying with Legal Obligations:** If state or federal law requires it. For example, I may disclose information when required by a court order, or other legal processes, in compliance with HIPAA regulations.
- **Responding to Organ and Tissue Donation Requests:** If you are an organ donor, I may share your information with organ procurement organizations to facilitate organ, eye, or tissue donation and transplantation.
- **Addressing Workers' Compensation Claims:** For workers' compensation or similar programs.
- **Working with a Medical Examiner or Funeral Director:** To assist with their duties.
- **For Judicial and Administrative Proceedings and Law Enforcement Purposes:** I may disclose health information in response to a court order, subpoena, warrant, summons, or other legal process. For example, this could involve responding to a police investigation or a request in a court case, in compliance with HIPAA regulations.

My Responsibilities

As your healthcare provider, I am required to:

- Maintain the privacy and security of your protected health information.
- Promptly notify you if a breach occurs that may have compromised the privacy or security of your information, typically within 30 days as required by New York State law. I must also report any data breaches to the NYS Attorney General (and potentially other relevant state agencies) as required by law.
- Obtain a valid HIPAA authorization form from you for uses and disclosures of your protected health information (PHI) not otherwise permitted by law or described in this notice.
- Follow the duties and privacy practices described in this notice and provide you with a copy of it.
- Deny a parent's access to a minor's records if such access would harm the child or the therapeutic relationship, or if there is concern of abuse, neglect, or domestic violence, in accordance with applicable laws.
- Not use or share your information other than as described here unless you tell me I can in writing. If you give me permission to share, you may change your mind at any time by letting me know in writing.

Questions or Complaints?

Contact:

Kristan Melo, Privacy Official

Phone: 516-216-9491

Email: contact@kristanmelo.com

You may also file a complaint with the U.S. Department of Health and Human Services at:

Website: www.hhs.gov/ocr/privacy/hipaa/complaints

Phone: 1-877-696-6775

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