

## Xenia Protopopescu MD PhD

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### **Notice of Privacy Practices**

Information about Dr. Protopopescu's patients remains confidential whenever possible. This is essential to develop the trust and openness needed for mental health treatment. When it is believed that release of information would be beneficial, written consent will usually be requested by an Authorization for Release of Information but verbal consent may be acceptable at times.

Permission to remain in touch with your primary care physician, and other key health care providers, will be requested. It is your choice whether to permit such contact or not.

The office does not deal directly with insurance companies. Insurance companies require a diagnosis and description of the service rendered in order to cover costs. At your request, you will be supplied with invoices for sessions, which will include this information.

There are rare circumstances in which the law may require a health professional to release information about you without your authorization, such as:

(1) If a doctor has reason to believe that you pose a direct threat of imminent harm to any individual (including yourself)

(2) If a doctor has reason to believe that abuse or neglect of a child, elder, dependent or disabled person is taking place.

(3) Although patient/psychiatrist communications are generally protected as confidential under the law, Dr. Protopopescu may be required to use or disclose information about you in the course of a judicial or legal proceeding if ordered by a court to do so. Dr. Protopopescu also reserves the right to use and disclose information about you if doing so is necessary to defend herself in legal action brought against her in relation to your care.

When information needs to be released, Dr. Protopopescu will strive to protect your privacy and share only that information which it is legally or medically necessary to disclose.

I have received and reviewed this Notice of Privacy Practices:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ (self, parent, legal guardian)