

# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

## EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 9/13/2024.

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

## I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.

## II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will provide an explanation and at least one example. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

**For Treatment, Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization.

For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. I may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

**Lawsuits and Disputes:** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. USES AND DISCLOSURES.

My office must provide you, the patient, a description and at least one example of the types of uses and disclosures that my office is permitted to make for the purposes of treatment, payment and health: care operations (all uses and disclosures, by the way, that are permitted by the law without authorization by the patient).

1. **Treatment:** My office may use and disclose your protected health information (PHI) for purposes of treatment, meaning the provision, coordination and management of your health care and related services. For instance, I may use and disclose your health information to coordinate benefits with a third: party payer, or for consultation between my office and a specialist, if required for your care.
2. **Payment:** My office may use and disclose the minimum necessary amount of your PHI to obtain payment for services rendered. For example, my office may share your treatment plan with your insurer to determine the coverage allowed by your benefits plan.
3. **Required by law:** My office may use and disclose your PHI only to the extent that such use is required by law.
4. **Public health activities:** My office may use and disclose the minimum necessary amount of your PHI to appropriate public health authorities for reasons such as, but not limited to, preventing or controlling disease, injury or child abuse or neglect.
5. **Safety:** My office may use or disclose the minimum necessary amount of your PHI if we believe doing so is necessary to prevent or lessen a serious and imminent threat to the health or safety of an identified person or the public.
6. **Reporting abuse, neglect or domestic violence:** My office may use and disclose the minimum necessary amount of your PHI to the extent necessary to inform the appropriate government authority if I reasonably believe you to be a victim or perpetrator of abuse, neglect, or domestic violence.
7. **Health oversight activities:** My office may use and disclose the minimum necessary amount of your PHI to a health oversight agency for oversight activities authorized by law, such as for, but not limited to audits.
8. **Judicial and administrative proceedings:** My office may use and disclose the minimum necessary amount of your PHI in the course of any judicial or administrative proceeding if required by law to do so.
9. **Law enforcement agencies:** My office may use or disclose the minimum necessary amount of your PHI to a law enforcement agency if required by law to do so.

10. **Deceased patients:** My office may use or disclose the minimum necessary amount of your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or another matter authorized by law, or to funeral directors to carry out their duties with respect to the deceased individual.
11. **Research purposes:** My office may use and disclose the minimum necessary amount of your PHI for research purposes without your written authorization only if I have obtained one of the following: documented institutional review board or privacy board approval either written or verbal representations that the information being sought is solely for research protocol, either written or verbal representations that the information being sought is solely for research on the PHI of decedents, or limited data use agreement.
12. **Specialized government functions:** If you are a member of the Armed Forces, my office may use and disclose the minimum necessary amount of your PHI for military and veterans activities. My office also may use and disclose the minimum necessary amount of your PHI for national security and intelligence activities, for protective services for the U.S. president and others. My office also may use and disclose the minimum necessary amount of your PHI to a correctional institution or law enforcement agency if you are an inmate of that agency or if the institution indicates the information is necessary.
13. **Workers' compensation proceedings:** My office may use or disclose the minimum necessary amount of your PHI as authorized by and to the extent necessary to comply with laws related to workers' compensation or similar programs.
14. **Patient directory:** Except when an objection is expressed by you my office may use or disclose the minimum necessary amount of your PHI to maintain a directory of patients in the office. Said information includes your name, your location in the office, your condition described in general terms. I will inform you in advance of any such need and give you an opportunity to object, except in cases of emergencies when I must exercise professional judgment to determine whether use and disclosure of this information is in your best interest.
15. **Friend, family and personal representatives:** My office may use and disclose the minimum necessary amount of your PHI that is directly relevant to the involvement of a family member, other relative, a close personal friend or someone else identified by you. Involvement could be in relation to care or payment for services. My office also may use and disclose the minimum necessary amount of your PHI regarding your location, general condition or death to family member, personal representative of yours or another person only with your permission if you are present, unless you are incapacitated or there is an emergency circumstance where my office must exercise professional judgment.
16. **Federal investigation:** My office may use and disclose the minimum necessary amount of your PHI for an investigation by the U.S. Department of Health and Human Services Secretary to determine if our office is in compliance with the HIPAA privacy regulation that requires us to protect your individually identifiable health information. Business associates: My office may disclose the minimum necessary amount of your PHI to a business associate to create or receive your PHI on our behalf only if the business associate has agreed in writing to appropriately safeguard the information.
17. **Appointment reminders:** My office may use and disclose the minimum necessary amount of your PHI when contacting you to provide appointment reminders or information about treatment.
18. **General authorization statement:** For any other purposes not stated in this notice, my office will not use or disclose your PHI without your prior written authorization.

#### IV. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The patient:** You have the right to inspect or obtain a copy of your PHI from my office. My office requires you to submit such requests in writing. My office must act on your request no later than 30

days after receipt of your request, unless the PHI requested is not maintained or accessible to my office on site. In the latter case, my office must respond to your request within 60 days of your request, and I must inform you of any such delay in writing within the initial 30 day timeframe. If further delays are required, my office may extend the time needed to respond to your request an additional 30 days provided that my office informs you in writing of the reasons for the delay and offers a date by which my office will respond to your request. My office will provide you with access to your PHI to inspect or to obtain a copy, or both, in the form requested, if reasonable. If you agree to receive a summary of your PHI, our office will supply you with access to the summary. Our office will charge you a cost: based fee for the provision of copies provided to you.

2. **Denial of access appeals:** If my office denies your request for access to your PHI in whole or in part, I must provide you with access to any other PHI for which access is not denied. For the information that is denied, my office must inform you in writing of this denial within 30 days of the original request, and the statement must provide the basis for the denial. Reasons for the denial may include the following circumstances: The therapist/psychologist/psychiatrist has determined, using his/her professional judgment, that access to the information is reasonably likely to endanger the life or physical safety of you or another persona; the information requested makes reference to another persona and the clinical staff has determined, using their professional judgment, that granting your request is reasonably likely to cause substantial harm to this other person; and when the request for information is made by your personal representative and the clinical staff, using his/her professional judgment, has decided that the provision of the information to the personal representative is reasonably likely to cause substantial harm to you or another person.
3. **Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI, though my office is not required to grant such requests.
4. **Confidential communications:** You have the right to request, and my office must accommodate, reasonable requests to receive confidential communications of PHI from my office by alternative means or at alternative locations.
5. **Accounting of disclosures:** You have the right to receive an accounting of disclosures of your PHI made by my office for the six years prior to the date on which the accounting is requested. The following disclosures are exempted from this accounting: Disclosures to carry out treatment, payment and health: care operations; to you, the patient: for incidental uses of disclosures; disclosures made according to your written authorizations; for the office patient directory; for national security; for correctional institutions; for a limited data set; or any disclosure that occurred prior to April 14, 2003. My office will provide you with a written accounting that includes the disclosures required to be listed, such as those to business associates of my office. This accounting will include the date of disclosure, the name of the entity or person who receives the PHI.
6. **Right to amend:** You have the right to request my office amend your PHI. My office, however, may deny such a request if we determine that the PHI was not created by my office, is not part of the designated record set, the information is not available for access to you, or the current information is accurate and complete. Amendment requests must be made in writing. My office must act on such requests within 60 days of receipt of such requests. If I deny your request, we will inform you in writing within 60 days, indicating one of the reasons listed previously as the basis for the denial. If you do not submit a statement of disagreement, you may request future disclosures of your PHI that is the subject of the amendment. If you submit a statement of disagreement (limited to 500 words), my office may prepare a written rebuttal to your statement. I will provide you with a copy of the rebuttal.

## V. COMPLAINTS

Patients may file a complaint with my office and with the U.S. Department of Health and Human Services Secretary if they believe their privacy rights have been violated. Complaints must be filed within 180 days of

when you knew or should have known that the alleged violation occurred. To do so, please request a complaint form.. Please be assured, patients who file complaints will not be retaliated against for doing so.

## VI. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office and on my website.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

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Patient/Client

Date

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Parent/Guardian

Date