

NOTICE OF PRIVACY PRACTICES

THIS NOTICE (THE “Notice”) DESCRIBES HOW INDIVIDUALLY PROTECTED HEALTH INFORMATION (“PHI”), WHICH INCLUDES ANY INFORMATION THAT RELATES TO YOUR PAST, PRESENT, OR FUTURE HEALTH/MENTAL HEALTH CONDITION, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY COMMITMENT REGARDING HEALTH INFORMATION:

I understand that information about you and your health is personal. I am committed to keeping your health information confidential and secure. 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 tells you how I may use or release your health information. 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:

1. Make sure that PHI that identifies you is kept private.
2. Give you this notice of my legal duties and privacy practices with respect to health information.
3. Follow the terms of the Notice that is currently in effect.

I reserve the right to revise this notice. I reserve the right to make the revised Notice effective for health information I already have about you as well as any information I create or receive in the future. 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 PHI. For each category of uses or disclosures, I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways that I am permitted to use and disclose the information will fall within one of the categories.

1. For Treatment: Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with a patient/client to use or disclose the patient/client’s PHI without the patient’s written authorization for purposes of treatment or coordination of care. I may disclose your PHI directly to another healthcare provider, which is otherwise confidential, in order to assist the clinician in the diagnosis and treatment of your mental health condition.
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.
2. For Payment: When required, I may release information about you to your health plan or health insurance carrier to obtain payment for my services.

3. For Healthcare Operations: To administer and support my business activities, I may use and release information about you to ensure that the services and benefits provided to you are appropriate and high-quality (Note: If I share your PHI with other organizations for this purpose, they must agree to protect your privacy).
4. 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 your child in response to a subpoena, discovery request, or other lawful process by someone 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. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Consult Notes: "psychotherapy note" as that term is defined in 45 CFR (law symbol) 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training/supervising mental health practitioners to help them improve their skills in group, joint, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required to help avert a serious threat to the health and safety of others
 - g. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - h. Requested by the coroner who is performing duties authorized by law.
2. Marketing Purposes: As a healthcare provider, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI: As a healthcare provider, I will not sell you PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, I may use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health and safety, including reported suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety. Prevent or control disease, injury, or disability. Investigate or track problems with prescription drugs (such as disclosures to the Food and Drug Administration)
3. For health oversight agencies, including certain activities such as audits, inspections, licensure, and investigations.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes including reporting crimes occurring on my premises.
6. To coroners, medical examiners, funeral directors, and organ donation organizations, when such individuals are performing duties authorized by law.
7. To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the President of the United States.
8. To correctional facilities for certain purposes as authorized by law, such as providing health care to you or protecting your health and safety or that of others.
9. For research purposes, including studying and comparing the mental health of patients who receive one form of therapy versus those who receive another form of therapy for the same condition.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other healthcare services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

1. Disclosures to family, friends, or others. Unless you object in whole or in part, and the disclosure is not otherwise prohibited by stricter laws, I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare. The opportunity to consent may be obtained retroactively in emergency situations.
2. You may revoke specific authorizations to release your health information, in writing, at any time. If you revoke an authorization, I will no longer release your health to the authorized person, except to the extent that I have already used or released that information in reliance on your original authorization. You understand that I am unable to take back any disclosures I have already made with your permission, and that I am required to retain my records of the care I have provided to you.

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

1. The Right to Request Limits on Uses and Disclosures of your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or healthcare operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your healthcare.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid In Full. You have the right to request restrictions on disclosures of your PHI to healthcare plans for payment or

