

Notice of Privacy Practices (HIPPA)

THIS NOTICE DESCRIBES HOW MEDICAL (MENTAL HEALTH) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY AND PLEASE ASK IF YOU HAVE ANY QUESTIONS.

- I. PROTECTED HEALTH INFORMATION (PHI): Information that is collected by medical or mental health professionals for the purpose of treatment.
 - A. Your medical or mental health history
 - B. Reason of treatment
 - C. Diagnoses
 - D. Treatment plan, review of service, and treatment progress
 - E. Progress notes
 - F. Outside records that may be obtained, with permission, from other professionals who have treated you
 - G. Assessment scores
 - H. Information about medications
 - I. Legal matters
 - J. Billing information
- II. USES AND DISCLOSURES OF PROTECTED INFORMATION
 - A. General Uses and Disclosure Not Requiring Client's Consent
 - i. Treatment: Your medical information may be used to provide psychological treatment, which may include; individual, family, or group therapy; assessments; treatment planning, or satisfaction measurements. At times, consultation may be sought by other mental health professionals to ensure the most appropriate methods are being taken for your treatment
 - ii. Payment: Your information may be used to bill you, your insurance, or others responsible for payment so that payment is received for the services that are provided. If client would like to submit an out of network insurance claim for services, therapist may have to provide client's diagnoses, treatments rendered, and prognosis.
 - iii. Health Care Operations: Refers to the administrative functions of this office. Your information may be used to make improvements to the counseling practice, audits, compliance programs, business planning, etc.
 - iv. Contacting the client: Your information might be used to remind you of appointments or inform you of other services being offered.
 - v. Required by law: Your information will be disclosed when required by law. These situations include; reporting child abuse or neglect including distribution of child pornography via "sexting", when there is legal duty to warn or take action regarding imminent danger to self or others, when the client is gravely disabled, when required to report communicable disease and certain injuries, when there is a court order to release information, and when a coroner is investigating clients' death.
 - vi. Health Oversight Activities: Protected Health Information will be disclosed when oversight agencies for oversight activities as required by law and necessary for oversight of health care systems, government health care benefit programs, regulatory programs, or determining compliance with program standards.
 - vii. Crimes on the Premises: Crimes that are observed by this therapist, that are directed toward this therapist, or that occur on premises.
 - viii. Business Associates: Some functions of this office are provided by contracts with outside business associates. For example, some legal, administrative, billing, and auditing may be provided by an outside entity. In those situations, your protected health information will be provided to those contractors on an as needed basis. Business associates are required to enter into agreement maintaining the privacy of the health information released to them.

- ix. Involuntary clients: Information regarding clients, who are being treated involuntarily, pursuant to law, will be shared with other treatment professionals, legal entities, third party payers, and others, as necessary to provide the care needed.
- x. Family Members: Protected health information cannot be provided to family members without permission of the client, except in certain cases of minors, incompetent clients, or involuntary clients. In situations where family members are present for the conversation with client, and it can be inferred that client does not object, information may be disclosed over the course of the discussion. However, if client objects, protected health information will not be disclosed.
- xi. Emergencies: In life threatening emergencies, therapist will disclose information necessary to serious harm or death to client.
- B. Client Authorization or Release of Information: Protected health information will not be disclosed or used in any other way without the written permission of the client. When you sign a Release of Information, it will expire a year from the authorization date or the release can be revoked at any time by the client.

III. YOUR RIGHTS AS A CLIENT

- A. Access to Protected Health Information: You have the right to inspect or request a copy of your protected health information that has been kept in your record. There may be limitations to this right, which will be explained at the time of your request, if this applies.
- B. Amendment of Your Record: You have the right to request that your records be amended. However, therapist is not required to amend your records if they are accurate and complete.
- C. Accounting of Disclosures: You have the right to request an accounting of certain disclosures this therapist has made regarding your protected health information. However, the accounting does not include disclosures that were made for the purpose of treatment, payment or health operations.
- D. Additional Restrictions: You have the right to request additional restrictions to accessing your protected health information. This therapist does not have to agree to this request and there are limitations, which will be provided to you at the event of your request.
- E. Alternative Means of Receiving Confidential Information: You have the right to request that you receive communication of protected health information by an alternative means. For example, if you do not want bills or other information mailed to your home or voicemails left on your work phone. There are restrictions and limits to requests.
- F. Copy of Notice of Privacy Practice: You may request another copy of this document at any time.

IV. ADDITIONAL INFORMATION

- A. Privacy Laws: This therapist is required both by State and Federal Law to maintain the privacy of your protected health information. In addition, therapist is required to provide clients with a notice of her legal duties and privacy practices with regard to protected health information. That is the purpose of this document.
- B. Terms of the Notice and Changes to the Notice: Therapist is required to abide by the terms listed in this notice or any amendment of this notice that may follow.
- C. Complaints Regarding Privacy Rights: If you believe this therapist has violated your privacy rights, you have the right to complain to therapist. Or you may file a complaint with the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, US Department of Health and Human Services, 200 Independence Ave, S.W., Room 515 F, HHH Building, Washington D.C. 20201.
- D. Technology Agreement: This therapist will only use e-mail to discuss general client information and will not use the client's full name as a means to protect their privacy. E-mail is not confidential and must be used cautiously.