

Notice of Privacy Practices - HIPAA

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"). It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other treatment providers in the clinic. I may disclose PHI to any other consultant outside of the clinic only with your authorization.

For Payment

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 collect payment. I may use and disclose PHI so that I can receive payment for the treatment services provided to you. For example, if it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations

I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities. In addition, I may call you by name in the waiting area when I am ready to see you. I may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. I may disclose the minimum necessary health information to my business associates that perform functions on my behalf or provide services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract

USE AND DISCLOSURE OF SUBSTANCE USE DISORDER RECORDS SUBJECT TO 42 CFR PART 2:

If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 C.F.R. Part 2 ("Part 2"). This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. These special protections apply only if the records were created by a federally assisted (including accepting Medicare or Medicaid) substance use disorder treatment program, or I receive protected SUD treatment records from such a program. SUD records cannot be used or disclosed without your written permission ("authorization") unless federal and state law allows it. Not all mentions of alcohol or drug use in your record are covered by this special law.

Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as: (a) Medical Emergencies: to the extent necessary to treat you, (b) Reporting Crimes on Program Premises, (c) Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and (d) Fundraising: We will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications. You may revoke this consent at any time.

Prohibitions on Use and Disclosure of Part 2 Records:

SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

By signing the authorization, you agree that we may disclose SUD care and treatment records, whether performed in this office or rendered by another provider, and allow all future uses and disclosures for the treatment, payment and operations as described above.

Without Your Authorization

I may use or disclose your PHI in the following situations without your authorization. These situations include, As Required By Law, Public Health Issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration Requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity, National Security and Worker's Compensation. Further, the following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. It is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with State Law, the Code of Ethics of our professional associations, and HIPAA.

- Child Abuse or Neglect. I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- Judicial and Administrative Proceedings. I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- Deceased Patients. I may disclose PHI regarding deceased patients as mandated by state law, or to a family member that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients maybe limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than 50 years is not protected under HIPAA.
- Medical Emergencies. I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- Individuals Involved in Your Care or Payment for Your Care. I may also use or disclose your information to family members or friends that are directly involved in your treatment with your verbal permission or as necessary to prevent serious harm. I may also give information to someone who helps pay for your care. Only the information that is relevant to your care or payment for your care will be disclosed.
- Law Enforcement. I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- Specialized Government Functions. I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
- Public Health. If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- Aid scientific research. Your information can be shared to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.
- Public Safety and My Safety. I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person, including myself, or the public. If information is disclosed to prevent

or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

- **Patient Complaints.** If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

Required by Law

Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, Section 164-500. Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization, or Opportunity to Object, unless required by law. You may revoke this authorization at any time, in writing, except to the extent that I have already made use of disclosure based upon your authorization.

YOUR RIGHTS

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing.

You have the Right to Provide consent when we use or share your information for most purposes. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment). You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

You have the Right to Inspect and Copy your PHI. Your PHI will be restricted only in situations where there is compelling evidence that access would cause serious harm to you. I will charge a reasonable, cost-based fee for copies, and require 2-3 weeks to prepare and provide records. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the Right to Request a Restriction of your PHI. You have the right to request in writing a restriction or limitation on the medical information I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment.

In your request, you must share (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply.

You have the Right to Amend your PHI. If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy.

You have the Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the Right to Request Confidential Communication. You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request.

You have the Right to Breach Notification. If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

You Have the Right to Choose. You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.

You Have the Right to Terminate. You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you are terminating services.

You have a Right to a Copy of this Notice. You may request a copy of this notice at any time.

Questions About This Notice or Complaints. If you have questions about this notice or if you believe your privacy rights have been violated, you may contact me, the State Department of Health, or the Secretary of the U.S. Department of Health and Human Services. You can contact the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. The quality of your care will not be jeopardized nor will you be retaliated against.