

Notice of Privacy Practices (HIPAA)

This notice describes how information about you may be used and disclosed, and how you may get access to this information. Please review it carefully.

Introduction

I am committed to treating and using protected health information about you responsibly and am required by law to maintain the privacy and security of your protected health information (PHI). This notice of health information practices describes the personal information I collect about you, and how and when I use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective January 2022 and applies to all PHI as defined by federal regulations. I must abide by the terms of this notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this notice, and such changes will apply to all information I have about you. The new notice will be available upon request in my office and on my website.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization. It is your right to revoke such authorization at any time by giving me written notice of your revocation.

Certain Uses and Disclosures Require Your Authorization

- **Psychotherapy Notes.** Each time you have a counseling session, a record of your visit is made. I keep psychotherapy notes as that term is defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your authorization unless the use or disclosure is:
 - For my use in treating you.
 - For my use in defending myself in legal proceedings instituted by you.
 - For use by the secretary of Health and Human Services to investigate my compliance with HIPAA.
 - Required by law, and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.
- **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes.
- **Sale of PHI.** I will not sell your PHI in the regular course of my business.

Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health-Care Operations Do Not Require Your Written Consent

I can use and disclose your PHI without your authorization for the following reasons:

- **For your treatment.** I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an authorization to do so.
- **To obtain payment for your treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you, although my preference is for you to give me an authorization to do so.
- **For health care operations.** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Do Not Require Your Authorization

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

- Appointment reminders. I may use and disclose your PHI to contact you to remind you that you have an appointment with me.
- 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.

- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- 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.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- Specialized government functions, including ensuring the proper execution of military missions; protecting the US president; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- 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.

Certain Uses and Disclosures Require You to Have the Opportunity to Object

- **Disclosures to family, friends, or others.** 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 health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Your Health Information Rights

Although your treatment record is my physical property, the information in it, which has been generated by me, belongs to you. You have 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 health care operations purposes. I am not required to agree to your request, and I may say no if I believe it would affect your health care.
- **Request restrictions for out-of-pocket expenses paid for in full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health-care operations purposes if the PHI pertains solely to a health-care item or a health-care service that you have paid for out of pocket in full.
- **Choose how I send PHI to you.** You have the right to ask me to contact you in a specific way (for example, phone call, email, text message) or to send mail to a different address, and I will agree to all reasonable requests.
- **See and receive copies of your PHI.** Other than psychotherapy notes, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree. I will respond to your request for an accounting of disclosures within 60 days of receiving your request and will include disclosures made in the last 6 years unless you request a shorter time. I will provide the list to you at no charge but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- **Correct or update your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say no to your request, but I will tell you why in writing within 60 days of receiving your request.
- **Receive a paper or electronic copy of this notice.** You have the right get a paper copy of this notice, and you have the right to get a copy of this notice by email. Even if you have agreed to receive this notice via email, you also have the right to request a paper copy of it.

How to Register a Complaint About My Privacy Practices

If you think I may have violated your privacy rights, you may file a complaint with me, as the privacy officer for my practice, at my address and phone number below

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate against you if you file a complaint about my privacy practices.