



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW TO ACCESS THIS INFORMATION. PLEASE **REVIEW IT CAREFULLY**.

### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

Information about you and your healthcare is personal, and I am committed to protecting this information. As part of treatment, I create a record of the care and services you receive from me, which is necessary to provide quality care and to comply with certain legal requirements. This Notice applies to all records pertaining to you that are generated by Better Mental Health Services. This Notice will explain the ways in which I may use and disclose your personal information, as well as your rights to the health information I keep about you, and certain obligations I have regarding the use and disclosure of your health information.

#### **I am required by law to:**

- Make sure that any identifying protected health information (“PHI”) is kept private.
- Provide you with this Notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that are currently in effect.
- Maintain the ability to change the terms of this Notice, and as a result, such changes will apply to all information about you in the possession of BMHS. 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 describes ways in which I use and disclose health information. For each category of uses, I will explain further and give some examples. 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 these categories.

#### **For Treatment, Payment, or Healthcare Operations:**

Federal privacy rules and regulations allow healthcare providers who have direct treatment relationships with the client to use or disclose the client’s personal health information without the client’s written authorization, to carry out the healthcare provider’s own treatment, payment, or healthcare operations. I may also disclose your PHI for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed healthcare provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. This is because therapists and other healthcare 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 healthcare providers with a third party, consultations between healthcare providers, and referrals of a patient for healthcare between providers.

#### **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 else involved in the dispute, but only if efforts have been made to inform you of the request or to obtain an order protecting the information requested.

### **III. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:**

#### **1. Psychotherapy Notes**

I do keep “psychotherapy notes” as that term is defined in 45 CFR§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 or supervising mental health practitioners to help them improve their skills in group, joint, family, 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 by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

#### **2. Marketing Purposes and the sale of PHI**

As a psychotherapist, I will not use or disclose your PHI for marketing purposes, and will not sell your PHI in the regular course of business..

### **IV. USES AND DISCLOSURES THAT 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:**

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 activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits 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 or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. 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.
10. 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 inform you of treatment alternatives, or other healthcare services or benefits that I offer.

## V. USES AND DISCLOSURES GRANTING YOU THE OPPORTUNITY TO OBJECT

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, unless you object. The opportunity to consent may be obtained retroactively in emergency situations.

## VI. YOUR RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI** You have the  
right to request that I not use or disclose certain PHI for treatment, payment, or healthcare operations. I am not required to honor your request if I believe it would affect your healthcare.
  
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full**  
You have the right to request restrictions on PHI disclosures to health plans for payment or healthcare operations if the PHI pertains solely to a healthcare item or a healthcare service that you have paid for out-of-pocket in full.
  
3. **The Right to Choose How PHI is received** You have the right to  
request that I contact you in a specific way (for example, home or office phone), or to send mail to a different address. I will agree to all reasonable requests.
  
4. **The Right to See and Get Copies of Your PHI** Other than  
“psychotherapy notes,” you have the right to receive an electronic or paper copy of your medical record and other information in the possession of BMHS. I will provide you with a copy of your record, or a summary if you agree to such, within 30 days of receiving your written request. I may charge a reasonable, cost-based fee for doing so.
  
5. **The Right to Request a List of the Disclosures I Have Made**  
You have the right to request a list of instances of the disclosure of your PHI for purposes other than treatment, payment, or healthcare operations, or for which you provided me with an Authorization. I will respond within 60 days. This list will span the past six years, unless you request a shorter time frame. Multiple requests in the same year will be subject to a reasonable, cost-based fee.
  
6. **The Right to Correct or Update Your PHI**  
If you believe that there is a mistake in, or information missing from, your PHI, you have the right to request that I correct the issue. If denied, you will receive a written explanation within 60 days.
  
7. **The Right to Get a Paper or Electronic Copy of this Notice**  
You have the right to receive a paper and electronic copy of this Notice.

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your PHI. **By choosing to receive services from us, you are acknowledging that you have received a copy of the HIPAA-compliant Notice of Privacy Practices.**