

NOTICE OF PRIVACY PRACTICES

Office of Leslie Love, LMHC; 5 Noble Avenue, 1st Floor, Westfield, MA 01085; 413-579-6371

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.
PLEASE REVIEW IT CAREFULLY.**

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and of my professional ethics. If you have any questions I will be happy to help you understand my procedures and your rights.

Introduction

This Notice will tell you how I handle your medical information, how I use this information, how I share it with other professionals and organizations, and how you can access it. I want you to know all of this so that you can make the best decisions for yourself and your family.

What is meant by your medical information?

Each time you visit a healthcare providers office, like this one, information is collected about you and your physical and mental health. The information I collect from you is called, in the law, PHI, which stands for Protected Health Information. This information goes into your secure electronic medical record.

Common examples of PHI I collect:

- You or your child's personal information and history.
- Reasons you came in for treatment.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan.
- Routine progress notes. Each time you come in, I write a brief note which is required by insurances companies and my professional ethics that summarizes what we worked on, your progress, my observations, and some of what you tell me.
- Records you give me permission to obtain from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications and medication history.
- Legal matters pertinent to you.
- Billing and insurance information

I use this information for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatment is working for you.
- For collaboration with other healthcare professionals.
- For auditing of my services by your insurance company.
- To improve the way I do my job by measuring the results of my work.

Privacy and the laws

I am also required to tell you about privacy because of the privacy regulations of the federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires me to keep your Protected Health Information (or PHI) private and to give you this notice of my legal duties and my privacy practices, which is called the Notice of Privacy Practices (or NPP). I will obey the rules of this notice as long as it is in effect; but if they change the rules, the new NPP will apply to all the PHI I keep. If they change the NPP, I will post the new Notice in my office where everyone can see it.

How I keep your PHI

I use a HIPAA compliant web based electronic medical health or EMR record called "Therapy Notes". More information about this EMR can be found at www.therapynotes.com

Your access to the PHI I collect:

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the *information* belongs to you. You can read your chart at any time and if you want a copy I can make one for you (there will be a charge for the cost of copying and mailing, if applicable.). If you find anything in your records that you think is incorrect or believe that something important is missing you can ask me to amend your record although in some rare situations I do not have to agree to do so. If you want, I can explain more about this.

Uses and disclosures of PHI in healthcare with your consent

After you have read this Notice you will be asked to sign a separate consent form to allow me to use and share your PHI. In almost all cases I intend to use your PHI in my office or share your PHI with other people or organizations to provide treatment to you, arrange for the payment of my services, or some other business functions called health care operations. If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. Of course, I cannot take back information I have already disclosed with your permission or that I have used in my office.

Uses and disclosures of PHI from mental health records that don't require Consent or Authorization

The law lets me use and disclose some of your PHI without your consent or authorization. Here are examples of when I might have to share your information without prior consent.

- I have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- I have to disclose some information to the government agencies, which check on me to see that I am obeying the privacy laws.
- For law enforcement purposes. I may release medical information if asked to do so by law enforcement officials to investigate a crime or criminal.
- For specific government functions. I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment.
- I may disclose your PHI to Workers Compensation and Disability programs, to correctional facilities if you are an inmate, and for national security reasons.
- To prevent a serious threat to your health or safety, or that of another. If I come to believe that there is a serious threat to your health or safety or that of another person or the public I can disclose some of your PHI. I will only do this to persons or organizations who can prevent or reduce the threat

Accounting of disclosures

When I disclose your PHI I keep records of who I have disclosed to, what I disclose, and when I disclosed this information. You can get an accounting of these disclosures at any time.

Your rights regarding your health information

If you need more information or have questions about the privacy practices described above please speak to me. If you have a problem with how your PHI has been handled or, if you believe your privacy rights have been violated, please contact me. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I promise that I will not in any way limit your care or take any actions against you if you complain. The effective date of this notice is February 25, 2013

Privacy Officer for this practice

Pursuant to 45 CFR 164.530(a)(1)(i), Leslie Love, LMHC is hereby designated as the Privacy Officer for this practice and such individual shall be responsible for developing and implementing this entity's health care privacy policies and procedures, including, but not limited to, receiving and handling patient requests for restrictions on uses and disclosures of protected health information ("PHI"); patient requests to inspect & receive a copy of their PHI; patient requests to receive accountings of disclosures; and, patient requests to amend their PHI.

Contact Person

Pursuant to 45 CFR 164.530(a)(1)(ii), Leslie Love, LMHC is hereby designated as the Contact Person for this practice and such individual shall be responsible for receiving complaints from patients concerning possible violations of their privacy rights.