

Inner Wisdom Counseling, L.L.C.
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NOTICE OF CLINIC POLICIES & PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your *protected health information (PHI)* may be used or disclosed, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is the provision, coordination or management of your health care and other services related to your health care. An example of treatment would be consultation by your therapist with another health care provider, such as your family physician or another mental health provider.
 - *Payment* is the obtaining of reimbursement for your healthcare. Examples of disclosures for payment are the provision of your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of Inner Wisdom Counseling, L.L.C. (Hereafter referred to as IWC). Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
 - “*Use*” applies only to activities within IWC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
 - “*Disclosure*” applies to activities outside of IWC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

PHI may be used or disclosed for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your therapist or another IWC personnel is asked for information for purposes outside of treatment, payment and health care operations, an authorization will be requested from you before releasing this information.

Authorization will also be obtained from you before using or disclosing PHI in a way that is not described in this Notice.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) that authorization already has been relied on; or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

PHI may be used or disclosed without your consent or authorization in the following circumstances:

- **Child Abuse:** In certain circumstances, your therapist is required to report child abuse in a variety of forms, including neglect, to (1) a local law enforcement agency; (2) the office of the Department of Child, Youth and Family Services in the county where the child resides; or (3) tribal law enforcement or social services agencies for any Indian child residing in Indian country.

- **Adult and Domestic Abuse:** If your therapist has reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited, s/he must immediately report that information to the Department of Child, Youth and Family Services.
- **Health Oversight:** If the New Mexico Board of Psychology is conducting an investigation, your therapist is required to disclose your mental health records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and your therapist may not release information without written authorization from you or your personal or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When your therapist judges that a disclosure of confidential information is necessary to protect against a substantial and imminent risk that you will inflict serious harm on yourself or another person, your therapist has a duty to report this information to the appropriate people who would address such a risk (for example, the police or the potential victim).
- **Worker's Compensation:** When a claim is filed, your therapist is required by law to release those records that are directly related to any injuries or disabilities claimed by you (for which you are receiving benefits from your employer) to you, your employer, your employer's insurer, a peer review organization or the health care selection board.
- **Other Circumstances:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

There may be additional disclosures of PHI that are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and IWC's Duties

Patient's Rights:

- *Right to Request Restrictions* -- You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, IWC and your therapist are not required to agree to a restriction you request.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.* You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket for services.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a therapist at IWC and so, upon your request, your bills can be sent to another address.)
- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI in the clinic's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your access to PHI may be denied under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your therapist will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, your therapist will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your therapist will discuss with you the details of the accounting process.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI.* You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI

has not been encrypted to government standards; and (c) IWC's risk assessment fails to determine that there is a low probability that your PHI has been compromised.

- *Right to a Paper Copy* - You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive this notice electronically.

IWC's Duties:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures while you are receiving care in our clinic, your therapist will inform you of these changes during your session by providing you with a paper copy of the revised notice.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision your therapist or IWC make about access to your records, or have other concerns about your privacy rights, you may contact Dr. Linda Najjar (Security Officer/President) at 505-306-4144.

If you believe that your privacy rights have been violated and wish to file a complaint with IWC, you may send your written complaint to Dr. Linda Najjar at 3901 Georgia St. NE, Suite A-4, Albuquerque, NM 87110.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. There will be no retaliation against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on September 23, 2013.

IWC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. You will be offered a revised notice by your therapist during your next therapy session after publication of the revision; you will be offered a paper copy of the notice and the notice will be available on the IWC website (www.innerwisdomcounseling.com).

Your signature on the IWC Initial Session Paperwork certifies that you have read and agree to the contents of this document, been given a copy if you requested one, and invited to discuss your privacy concerns.