

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

Effective Date: 02/01/2020

This Notice of Privacy Practices outlines how Calm Gardens Therapy may use and disclose your health information and how you can access your information. Please review it carefully.

I. Pledge Regarding Health Information

At Calm Gardens Therapy, we understand that health information about you and your healthcare is personal. We are committed to protecting your health information. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this mental health care practice. It will describe how we may use and disclose your health information. It also outlines your rights regarding the health information we maintain about you and our obligations regarding its use and disclosure.

As required by law, we will:

- Ensure that your protected health information (PHI) that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices regarding your health information.
- Follow the terms of the notice currently in effect.

We may change the terms of this Notice, and any new terms will apply to all information we have about you. The updated Notice will be available upon request.

II. How We May Use and Disclose Health Information About You

The following categories describe various ways we may use and disclose your health information. Not all uses or disclosures in a category will be listed. However, all ways we use or disclose information will fall within one of these categories:

For Treatment, Payment, or Healthcare Operations:

Federal privacy regulations allow healthcare providers who have a direct treatment relationship with you to use or disclose your personal health information without your written authorization, in order to carry out treatment, payment, or healthcare operations. We may also disclose your PHI for treatment activities of other healthcare providers. For example, if one of our clinicians consults with another licensed healthcare provider about your condition, your PHI may be disclosed to assist in diagnosing and treating your mental health condition.

Disclosures for treatment purposes are not subject to the minimum necessary standard, as healthcare providers need access to your complete medical record and information to provide you with the best care. "Treatment" includes activities like coordinating care with third-party providers, consultations between healthcare providers, and referrals for further treatment.

Lawsuits and Disputes:

If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your child in response to a subpoena, discovery request, or other lawful process from someone involved in the dispute, provided efforts have been made to notify you or to obtain a protective order regarding the requested information.

III. Certain Uses and Disclosures Require Your Authorization**Psychotherapy Notes:**

Our therapists may keep "psychotherapy notes" as defined in 45 CFR § 164.501. The use or disclosure of psychotherapy notes requires your authorization unless the use or disclosure is:

- For treatment purposes by our practice.
- For training or supervision of mental health practitioners to improve skills in therapy.
- To defend against legal claims you initiate.
- For compliance with HIPAA by the Secretary of Health and Human Services.
- As required by law, limited to the requirements of that law.
- For health oversight activities regarding the originator of the notes.
- Required by a coroner performing duties authorized by law.
- To prevent a serious threat to health or safety.

Marketing Purposes:

Calm Gardens Therapy will not use or disclose your PHI for marketing purposes.

Sale of PHI:

We will not sell your PHI in the regular course of business.

IV. Certain Uses and Disclosures Do Not Require Your Authorization

Under certain circumstances, we may use or disclose your PHI without your authorization for the following reasons:

- When disclosure is required by state or federal law.
- For public health activities, including reporting suspected abuse or preventing serious health or safety threats.
- For health oversight activities such as audits and investigations.

- For judicial and administrative proceedings, such as responding to a court order or subpoena (though we will try to obtain your authorization first).
- For law enforcement purposes, including reporting crimes on our premises.
- To coroners or medical examiners performing duties authorized by law.
- For research purposes, such as studying different therapeutic treatments.
- For specialized government functions, like ensuring the proper execution of military missions or protecting the safety of those in correctional institutions.
- For workers' compensation purposes, although we may obtain your authorization if preferred.

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

Disclosures to Family, Friends, or Others:

We may disclose your PHI to a family member, friend, or other person involved in your care or the payment for your healthcare, unless you object in whole or in part. We will attempt to obtain your consent retroactively in emergencies.

VI. Your Rights Regarding Your PHI

You have the following rights with respect to your PHI:

- **Right to Request Limits on Uses and Disclosures:**

You can ask us not to use or disclose certain PHI for treatment, payment, or healthcare operations. We are not required to agree to your request and may refuse if it would affect your care.

- **Right to Request Restrictions for Out-of-Pocket Expenses:**

You can request restrictions on disclosures of your PHI to health plans if the PHI pertains solely to services you have paid for in full out-of-pocket.

- **Right to Choose How We Send PHI to You:**

You can ask us to contact you in a specific way (e.g., by phone or mail), and we will accommodate all reasonable requests.

- **Right to See and Get Copies of Your PHI:**

Other than psychotherapy notes, you have the right to obtain copies of your medical records and other health information we maintain. We will provide this within 30 days of your written request, with a reasonable, cost-based fee.

- **Right to Get a List of Disclosures:**

You can request a list of instances where we have disclosed your PHI for purposes other than treatment, payment, healthcare operations, or as authorized by you. We will respond within 60 days, providing a list of disclosures in the last six years, unless you request a shorter time. Additional requests in the same year may incur a reasonable fee.

- **Right to Correct or Update Your PHI:**

If you believe that your PHI is incorrect or missing information, you can request that we correct or add to the record. If we deny the request, we will explain why in writing within 60 days.

- **Right to Get a Paper or Electronic Copy of this Notice:**

You have the right to receive a paper or electronic copy of this Notice at any time, even if you have previously agreed to receive it electronically.

Acknowledgment of Receipt of Privacy Notice

By clicking the checkbox below, you acknowledge that you have received and reviewed this HIPAA Notice of Privacy Practices.

BY CLICKING BELOW, I AGREE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS CONTAINED IN THIS DOCUMENT.