



Michael R. Hemenway, MA, LMFT  
1 Kingston Drive, Unit 1, Ansonia, CT 06401  
203-446-6562

## HIPAA/Notice of Privacy Practices

1. Confidentiality and privacy are the cornerstones of the mental health professions. Clients have an expectation that their communications with therapists, and their treatment records, will generally be kept confidential and will not be released to others without the written authorization of the client.
2. Michael R. Hemenway M.A., LMFT is the contact person for this private practice. If a client needs or desires further information related to the Notice of Privacy Practices, or if the client has a complaint, please contact, Michael at (203) 446-6562. The effective date of these policies and procedures is April 1<sup>st</sup>, 2017.
3. Documentation of all consents, authorizations, Notices of Privacy Practices, Office Policies and Procedures, and client requests for records or for amendments to records are appropriately maintained. All complaints received will be documented as well as their disposition.
4. Conversations regarding confidential material or information will take place in an area and in a manner where they will not be easily overheard.
5. Client records are maintained with security.
6. Computers and fax machines will be placed appropriately so that confidential information transmitted or received is not seen by others.
7. Information and records concerning a client may be disclosed as described in the Informed Consent for Psychotherapy and in accordance with applicable law or regulation. Generally, written authorization is obtained from a client before releasing information to third parties for purposes other than treatment payment, and health care operations, unless disclosure is required by law or permitted by law.
8. If mental health records are subpoenaed by an adverse party, Hemenway Family Therapy and Wellness, LLC will assert the psychotherapist-client privilege on behalf of the client and will thereafter act according to the wishes of the client and the client's attorney, unless ordered by a Court or other lawful authority to release records or portions thereof.
9. Client records are kept for at least seven years from the date of last treatment. With respect to the records of a minor, those records are kept for at least seven years or until the client is twenty-one years old, whichever is longer. Thereafter, Hemenway Family Therapy and Wellness, LLC may destroy client records. When records are destroyed, they will be destroyed in a manner that protects client privacy and confidentiality.
10. Hemenway Family Therapy and Wellness, LLC will attempt to find out from clients (as early as possible) whether they have any objection to sending correspondence to their residence (e.g., claim forms, bills) and whether it is permitted to call them at their residence or elsewhere to change appointment times or dates, or to discuss matters related to their treatment.
11. The duty of confidentiality and the psychotherapist-client privilege survive the death of a client.
12. In this practice, I use and access technology including but not limited to: internet, email, voicemail, cellular phones, wireless phones, texting, facsimiles. I do my best to ensure that electronic information is protected from computer viruses and kept confidential from unauthorized intruders. I will maintain reasonable security but can not assure confidentiality. Please indicate on the acknowledgement of receipt page, if you request that email or texting not be used in communication with you. Further, you agree not to contact us in this manner but will rely on phone or in person contact. If you do contact us via email or texting, you understand that this constitutes a revocation of any request from you to not use this form of communication.

### Your Rights Regarding Protected Health Information

1. You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. Hemenway Family Therapy and Wellness, LLC is not required to agree to your requested restriction. If Hemenway Family Therapy and Wellness, LLC does agree to the restriction, a written record of the agreed upon restriction will be maintained.
2. You have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations.
3. You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, Hemenway Family Therapy and Wellness, LLC is



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permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to my “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

4. You have the right to amend protected health information in my records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, Hemenway Family Therapy and Wellness, LLC is permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide Hemenway Family Therapy and Wellness, LLC with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.
5. You have the right to receive an accounting from me of the disclosures of protected health information made by me in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, Hemenway Family Therapy and Wellness, LLC is permitted to deny the request for specified reasons. For instance, Hemenway Family Therapy and Wellness, LLC does not have to account for disclosures made in order to carry out my own treatment, payment or health care operations. Hemenway Family Therapy and Wellness, LLC does not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
6. You have the right to obtain a paper copy of this notice from me upon request.

*PLEASE NOTE: In order to avoid confusion or misunderstanding, I ask that if you wish to exercise any of the rights enumerated above, that you put your request in writing and deliver or send the writing to me. If you wish to learn more detailed information about any of the above rights, or their limitations, please let me know. I am willing to discuss any of these matters with you. As mentioned elsewhere in this document, Michael R. Hemenway, M.A., LMFT is the Privacy Officer of this practice.*

#### **Our Duties**

Hemenway Family Therapy and Wellness, LLC is required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of Hemenway Family Therapy and Wellness, LLC’s legal duties, your rights, and Hemenway Family Therapy and Wellness, LLC’s privacy practices with respect to such information. Hemenway Family Therapy and Wellness, LLC is required to abide by the terms of the notice currently in effect. Hemenway Family Therapy and Wellness, LLC reserves the right to change the terms of this notice and/or privacy practices and to make the changes effective for all protected health information that Hemenway Family Therapy and Wellness, LLC maintains, even if it was created or received prior to the effective date of the notice revision.

Hemenway Family Therapy and Wellness, LLC has a duty to develop, implement and adopt clear privacy policies and procedures. Michael R. Hemenway M.A., LMFT is the individual who is responsible for assuring that these privacy policies and procedures are followed by everyone who works or may work in the future for him.

You may complain to Michael R. Hemenway M.A., LMFT and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights may have been violated. You may file a complaint with me by simply providing me with a letter that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful to me. Our phone number is 203-466-6562. Hemenway Family Therapy and Wellness, LLC will not retaliate against you in any way for filing a complaint with us or the Secretary. Complaints to the Secretary must be filed in writing. If you need or desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact Hemenway Family Therapy and Wellness, LLC.

**Client Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_