



*Resilient Hearts Therapy*

## HIPAA NOTICE OF PRIVACY PRACTICES

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

IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

Resilient Hearts, LLC is committed to protecting your medical and personal health information. By law we are required to ensure that your protected health information is kept private. The PHI constitutes information that can be used to identify you and contains data that is needed for your records to comply with legal requirements, for the provision of health care services to you, or the payment for such health care.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that requires the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirements of HIPAA. The Privacy Rule standards address the use and disclosure of individuals' PHI by covered entities or organizations subject to the Privacy Rule, as well as standards for individuals' privacy rights to understand and control how their health information is used.

The federal privacy standard requires us to maintain the privacy of your protected health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect your information. You will be notified promptly if a breach occurs that may compromise the security of your information and implement measures to mitigate any breach of your confidentiality/privacy.

We will not use or disclose your PHI without your consent, except as described in this notice or otherwise required by law. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

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*Please note that Resilient Hearts, LLC reserves the right to change the terms of this notice and privacy policies at any time. Any changes will apply to PHI that is already on file. Important changes will be available upon request and posted in writing for review in office. We may also create and distribute de-identified health information by removing all references to individually identifiable information.*

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## NOTICE OF PRIVACY PRACTICES

Resilient Hearts, LLC will use and disclose your health information for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Subject to state and federal law and regulations pertaining to your protected health information, Resilient Hearts, LLC may use and disclose your medical information for the following purposes:

**Treatment.** This refers to the provision, coordination, or management of healthcare and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another. For example: if a psychiatrist or PCP is treating you, we may disclose your PHI to her/him in order to coordinate your care.

**Payment.** We may use and disclose your PHI to obtain reimbursement for services, confirm coverage, or collect payment for the treatment and services provided. An example might include Resilient Hearts, LLC sending your PHI to your insurance company or health plan in order to get payment for the health care services provided to you.

**Healthcare operations.** This refers to the business development, management, and administration of our practice, including conducting quality assessment and competency assurance activities, audits; and general administrative activities of the entity.

**Appointment Reminders, Treatment Alternatives, and Continuity of Care.** We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may share your health information with a person involved in, or paying for, your care (such as your family or a close friend) when appropriate.

**Serious Threat to Health or Safety.** We may disclose protected health information believed to be necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone we believe can prevent or lessen the threat (including the target of the threat).

**Business Associates.** A person or organization (other than a member of a covered entity's workforce) using or disclosing individually identifiable health information to perform or provide functions, activities, or services for a covered entity. These functions, activities, or services include claims processing, data analysis, utilization review, and billing. All agreements with business associates include certain protections regarding your PHI.

**As Required by Law.** We will disclose your health information when disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.



## NOTICE OF PRIVACY PRACTICES

**Law Enforcement.** We may release your health information request by law enforcement official if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on our premises; and 6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

**Essential Government Functions.** An authorization is not required to use or disclose protected health information for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

**Worker's Compensation.** We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**Research.** We may use and disclose your health information for research under certain conditions. Research refers to any systematic investigation designed to develop or contribute to generalizable knowledge.

**Public Health Risks.** We may disclose your health information for public health activities to prevent or control disease, injury or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information 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 tell you about the request or to obtain an order protecting the information requested.



## NOTICE OF PRIVACY PRACTICES

**Health Oversight Authorities and Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**The US Department of Health and Human Services ('DHHS').** Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

**National Security and Intelligence Agencies.** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and national security activities authorized by law.

**Military and Veterans.** If you are a member of the armed forces, or foreign military, we may release your health information as required by military command authorities.

**Correctional Institutions.** If you become an inmate of a correctional institution, or under the custody of any law enforcement agency, we may disclose to the institution, agency, or any agents thereof, health information necessary for your health and the health and safety of other individuals.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.

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You have the right to file a complaint without retaliation against you if you feel your rights are violated. For more information about HIPAA or to file a complaint with the U.S. Department of Health and Human Services:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Ave. SW  
Washington, D.C. 20201  
877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)



## **YOUR RIGHTS**

**Right to Request Restrictions:** You have the right to request limitations on how we use your PHI. We will consider your request, but are not required to agree if it would affect your care or contradicts state or federal laws. If we do agree to the restrictions, we will put the agreement in writing and follow it, except in emergency situations or as required by law.

**Right to Request Confidential Communications:** You have the right to specify with reasonable requests specific alternative methods or locations to receive confidential communications of PHI. We will accommodate all reasonable requests.

**Right to Inspect and Copy Your PHI:** You have the right to see or copy your records upon written request. Some situations may prohibit or deny us by law from permitting access to those records. We reserve the right to deny your request partially or in its entirety in accordance with safety and legal guidelines. You may request a summary of the PHI in lieu of the complete record. If your request is approved, there may be a charge for copying your PHI in part or in whole and it may take up to 30 days to furnish the requested copies.

**Right to Request Amendments:** You have the right to request correction or amendments to your records upon written request if you believe there is a mistake or missing information in your PHI. We will not amend the record if we did not create the record or if your record is accurate and complete.

**Right to Tracking of Disclosures:** You have the right to provide a written request for an accounting of the disclosures of your PHI to include the person receiving the information, the date and the purpose of the disclosure. Copying charges may apply and we may require 30 days to provide copies.

**Right to Receive This Notice:** You have the right to receive a paper copy of this notice upon request. The most current notice will be posted in the office and on our website.

### **NOTICE EFFECTIVE DATE:**

AUGUST 22, 2020

### **COVERED ENTITY INFORMATION:**

Resilient Hearts, LLC / Resilient Hearts Therapy  
Maryjoy Kearns LPC, NCC - Owner/Licensed Counselor  
[www.resilientheartstherapy.com](http://www.resilientheartstherapy.com)  
480-382-6077



**HIPAA NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT**

Please acknowledge that you have received a copy of the HIPAA Notice of Privacy Practices and initial below to indicate that you have read and understand the terms and conditions of this Notice.

\_\_\_\_\_ I have received a copy of the HIPAA Notice of Privacy Practices; I have reviewed this document and I understand its terms regarding my privacy rights.

\_\_\_\_\_ I understand the responsibilities of Resilient Hearts, LLC and how it will use and disclose my information. I understand that Resilient Hearts, LLC will not use or disclose my PHI without my authorization, except as described in this notice or otherwise required by law.

\_\_\_\_\_ I understand that Resilient Hearts, LLC reserves the right to change its privacy practices and I understand the process to review and obtain a copy of this Notice at any time.

\_\_\_\_\_ I understand that while I have qualified rights regarding my PHI, Resilient Hearts, LLC reserves the right to deny certain requests in accordance with ethical and legal obligations and/or requirements to meet standards for compliance.

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Client/Guardian Name Printed

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Client/Guardian Signature

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Date

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Client/Guardian Name Printed

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Date

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Therapist/Witness Name Printed

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Therapist/Witness Signature

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Date