
Notice of Privacy Practices

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you, the client, rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information, often referred to as Protected Health Information (PHI).

We are required by law to maintain the privacy of your health information and to provide you with notice of our privacy practices regarding your PHI. We are required to abide by the terms of this notice and notify you if we make changes to this notice, which may be at any time. Each time you meet with one of us, a record is made which may contain your behaviors, thoughts, symptoms, diagnosis, treatment, a plan for future treatment, and billing-related information.

How We May Use and Disclose Medical Information About You:

Treatment: we may use and disclose PHI about you to provide, coordinate, and manage your treatment or services. We may disclose PHI about you to doctors, other therapists, or others who are involved in your treatment only with your written authorization. For example, if a referral is made to another health care provider, we may provide oral information and copies of various reports that should assist him or her in treating you.

Payment: we may use and disclose PHI about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI needed for purposes of collection.

Health Care Operations: we may use and disclose, as needed, your health information in order to support our business activities, licensing, legal advice, and customer service. For example, we may call you by name in the waiting area. Additionally, there are other business professionals using the offices and you may encounter them upon arrival and departure from our sessions.

Required by Law: under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with HIPAA.

Disclosures Without Authorization: the following disclosures are permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. These HIPAA exceptions include:

1. **Child Abuse or Neglect:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
2. **Judicial and Administrative Proceedings:** we may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
3. **Deceased Patients:** we may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your case or payment for care prior to death, based on your prior consent.
4. **Medical Emergencies:** we may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.
5. **Family Involvement in Care:** we may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
6. **Health Oversight:** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
7. **Law Enforcement:** we may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of

- identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connections with the reporting of a crime in an emergency, or in connection with a crime on the premises.
8. **Specialized Government Functions:** disclosures to U.S. Military Command and National and Security Intelligence Organization will be based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
 9. **Public Health:** if required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information.
 10. **Public Safety:** we may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
 11. **Research and Training:** PHI may only be disclosed for research purposes after a special approval process or with your authorization. All disclosures for training and supervision will require your authorizations.
 12. **Verbal Permission:** we may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Disclosures With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you can revoke at any time.

YOUR RIGHTS REGARDING YOUR PHI: You have the following rights regarding your PHI, which you can exercise by presenting a written request to your therapist:

1. **Right to Inspect and Copy:** You have the right to inspect and copy PHI that is maintained in your medical record. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. You may request that a copy of your PHI be provided to another person.
2. **Right to Amend:** if you feel that the PHI we have about you is incorrect or incomplete, you may ask it to be amended although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer (Dr. Lisa Klewicki) if you have any questions.
3. **Right to Request Confidential Communication:** you have the right to request that we communicate with you about health matters in a certain way or at a certain location (i.e., only at home or only by mail). We will accommodate reasonable requests.
4. **Right to Request Restrictions:** you have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. You may also request that we limit disclosures to family members, close personal friends, or any other person identified by you. We are not required to agree to your request unless the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
5. **Right to an Accounting of Disclosures:** you have the right to request an accounting of PHI disclosures.
6. **Breach Notification:** if there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
7. **Right to a Copy of this Notice:** you have the right to a copy of this notice.

Complaints:

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint to us or with the federal government at the address below, about violations of the provisions of this notice or the policies and procedures of the practice. We will not retaliate against you for filing a complaint.

Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, D.C. 20201
1-877-696-6775