

# 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 READ IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient/client, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information (PHI).

**As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.**

Described as follows are the ways we may use and disclose your health information. Except for the following purposes we will use and disclose your health information **only with your written permission**. You may revoke such permission at any time by writing to Judith Heckenlaible-Habig, PhD, LAC, LISAC, CCTP.

- **Treatment** means providing, coordination, or managing health care and related services by one or more health care providers. We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be internal quality assessment review.
- **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** 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.** When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.
- **Research.** We may use and disclose your health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research, as long as they do not remove or copy any of your health information.
- **As Required by Law.** We will disclose your health information when required to do so by international, federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.
- **Business Associates.** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on

our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.

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

- **Health Oversight 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.
- **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.
- **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.
- **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.
- **National Security and Intelligence Activities.** We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or in custody we may disclose your information 1) for the institution to provide you with health care, 2) to protect your health and safety or that of others, and 3) for the safety and security of the institution.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Any other uses and disclosures will be made only with your written authorization. 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.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to Judith Heckenlaible-Habig, PhD, LAC, LISAC, CCTP:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. Your written request must specify how or where you wish to be contacted and be addressed to Judith Heckenlaible-Habig, PhD, LAC, LISAC, CCTP. We will accommodate reasonable requests.
- The right to inspect and copy your protected health information by written request to Judith Heckenlaible-Habig, PhD, LAC, LISAC, CCTP. Judith Heckenlaible-Habig, PhD, LAC, LISAC, CCTP reserves the right to deny a request to inspect and receive a copy of some information in the medical record if the release of the information is not in the client's best interest and the release of this information would be reasonably likely to endanger the life or physical safety of the patient or another person, or to cause substantial harm to such other person.
- The right to amend your protected health information by written request to Judith Heckenlaible-Habig, PhD, LAC, LISAC, CCTP.
- The right to receive an accounting of disclosures of protected health information by written request to Judith Heckenlaible-Habig, PhD, LAC, LISAC, CCTP.
- The right to obtain a paper copy of this notice from us upon written request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective September 1, 2010 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies or procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Judith Heckenlaible-Habig, PhD, LAC, LISAC, CCTP  
LAC Supervisor Ann McQuaid, LPC, LISAC  
Licensed Professional Counselor  
602.486.2541

For more information about HIPAA or to file a complaint:

The U. S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Ave., S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read, and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy or a more detailed copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand you are not required to agree to my requested restrictions but if you do agree then are bound to abide by such restrictions.

_____	_____	_____	_____
Client Print Name		Witness Print Name	
_____	_____	_____	_____
Client Signature	Date	Witness Signature	Date

**OFFICE USE ONLY**

**I attempted to obtain patient’s signature in acknowledgement of this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:**

<b>Date:</b>	<b>Initials:</b>	<b>Reason:</b>
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