

HIPAA Notice of Privacy Practices

THIS HIPAA NOTICE OF PRIVACY PRACTICES (THIS “NOTICE”) DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED BY SEMILLAS COUNSELING PLLC, INCLUDING EACH OF ITS CLINICIANS AND ASSOCIATED PERSONS, (“SEMILLAS,” OR THE “COMPANY”), AND HOW YOU CAN GET ACCESS TO SUCH INFORMATION FROM SEMILLAS. PLEASE REVIEW THIS NOTICE CAREFULLY.

I. SEMILLAS’ PLEDGE REGARDING HEALTH INFORMATION.

The Company understands that health information about you and your health care is personal. Semillas is committed to protecting health information about you. Semillas will create a record of the care and services you receive. Semillas shall use such 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. This Notice outlines the ways in which Semillas may use and disclose health information about you. Herein, the Company also describes your rights to health information the Company keeps about you, and describes certain obligations the Company has regarding the use and disclosure of your health information. Semillas is required by law to: (a) make sure that protected health information (“PHI”) that identifies you is kept private; and (b) give you this notice of the Company’s legal duties and privacy practices with respect to health information; and (c) follow the terms of the HIPAA Notice that is currently in effect, as may be amended from time to time. Semillas reserves its right to change the terms of this Notice in its sole discretion, and such changes shall apply to all information Semillas and its clinicians have about you. Any amendment to this Notice will be available upon request and on the Company’s website.

II. HOW SEMILLAS MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

(a) The following categories describe different ways that Semillas may use and disclose health information. A description and example of each category of uses and/or disclosures is set forth below. The descriptions and examples of each category or uses and/or disclosures is not exhaustive; however, any permitted use and/or disclosure of information will be categorized by one of the categories below.

(i) For Treatment Payment, or Health Care Operations. Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization to carry out the health care provider’s own treatment, payment or health care operations. Semillas may also disclose your protected health information for the treatment activities of any health care provider. Such disclosure may also be made without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, the Company would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” herein includes, among other things, the coordination and management of health care providers within a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

(ii) Lawsuits and Disputes. If you are involved in a lawsuit, the Company may disclose health information in response to a court or administrative order. The Company may also disclose health information about your child, if applicable, 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 notify you of the request, or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION.

(a) Psychotherapy Notes. Semillas will keep “*Psychotherapy Notes*” as such term is defined in 45 CFR § 164.501, and any use or disclosure of such notes shall require your authorization unless such use or disclosure is:

- (i)** For the Company’s use in treating you; *or*
- (ii)** For the Company’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy; *or*
- (iii)** For the Company’s use in defending itself in legal proceedings instituted by you; *or*
- (iv)** For use by the Secretary of Health and Human Services, to investigate the Company’s compliance with HIPAA; *or*
- (v)** Required by law and such use or disclosure is limited to the requirements of such law; *or*
- (vi)** Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes; *or*
- (vii)** Required by a coroner who is performing duties authorized by law; *or*
- (viii)** Required to help avert a serious threat to the health and safety of others.

(b) Marketing Purposes. As a group provider of psychotherapy, Semillas will not use or disclose your PHI for marketing purposes.

(c) Sale of PHI. As group provider of psychotherapy, Semillas will not sell your PHI in the regular course of its business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations of law, Semillas may use and disclosure your PHI without your authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order.
- For law enforcement purposes, including reporting crimes occurring on the Company’s premises or premises where the Company provides services.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized governmental functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
- For workers’ compensation purposes.
- Appointment reminders and health related benefits or services. The Company may use and disclose your PHI to contact you to remind you that you have an appointment with a Semillas clinician. Semillas may also use and disclose your PHI to tell you about treatment alternatives or other health care services or benefits that Semillas offers.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to Family, Friends or Others. Semillas may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part to such disclosure. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI.

(a) The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Semillas not to use or disclose certain PHI or treatment, payment, or health care operations purposes. Your respective Semillas clinician is not required to agree to your request, and your assigned clinician may say “no” if such clinician believes it would affect your health care.

(b) The Right to Request Restrictions for Out-Of-Pocket Expenses Paid For In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or health care service that you have paid for out-of-pocket in full.

(c) The Right to Choose How Semillas Sends PHI to You. You have the right to as Semillas to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and Semillas will agree to all reasonable requests.

(d) The Right to See and Get Copies of Your PHI. Other than “Psychotherapy Notes,” you have the right to get an electronic or paper copy of your medical record and other information that the Company has on record about you. Semillas will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within thirty (30) days of receiving your written request. Semillas may charge a reasonable, cost-based fee for providing a copy of such records.

(e) The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which Semillas has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Semillas with an Authorization. Semillas will respond to your request for an accounting of disclosures within sixty (60) days of receiving your request. The list Semillas will provide to you will include disclosures made in the last six (6) years, unless you request a shorter time period. The Company will provide the list to you at no charge one time annually. In the event that you request the disclosure list more than one time annually, Semillas reserves its right to charge you a reasonable, cost-based fee for each additional request.

(f) The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Semillas correct the existing information or add the missing information. The Company reserves its right to say “no” to your request, but it will notify of you its rationale for declining your request in writing within sixty (60) days of receiving your request.

(g) The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by email. For clarity, in the event you have agreed to receive this Notice via email, you continue to have the right to receive a paper copy of this Notice.

VII. EFFECTIVE DATE OF THIS NOTICE.

This Notice was made effective on February 29, 2016.