

AMANDA SELLERS, PSY.D., LLC

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.

AMANDA SELLERS, PSY.D., LLC, (“Practice”) understands the importance of keeping protected health information (“PHI”) private. We are providing this notice to you to advise you about AMANDA SELLERS, PSY.D., LLC’s privacy practices.

What is Protected Health Information?

“Protected health information” is individually identifiable health information and includes demographic information (for example, age, address, etc.), and relates to your past, present or future physical or mental health or condition and related health care services.

How AMANDA SELLERS, PSY.D., LLC May Use and Disclosure Your Health Information:

AMANDA SELLERS, PSY.D., LLC collects PHI about you in order to serve its clients and for the primary purpose of providing psychotherapy and mental health treatment. AMANDA SELLERS, PSY.D., LLC also collects PHI for other treatment, payment and operational purposes. Treatment means the provision, coordination, or management of psychotherapy and related services including assessments, consultations and referrals among health care providers. Therefore, AMANDA SELLERS, PSY.D., LLC may provide PHI to your doctor(s), or to a facility where you are receiving medical care. Payment generally means obtaining reimbursement for the provision of health care services. Payment also includes, but is not limited to, determinations of eligibility for insurance coverage; risk adjustment; billing; claims management; collection activities; and utilization review activities. For example, AMANDA SELLERS, PSY.D., LLC may disclose PHI to your health plan in order to determine whether mental health services are covered. Operational purposes means activities that are necessary for AMANDA SELLERS, PSY.D., LLC’s operations. These activities include, but are not limited to, quality assessment; credentialing; underwriting; legal services; and business planning and development, as well as general administrative activities. For example, AMANDA SELLERS, PSY.D., LLC may use and disclose your PHI to measure the quality of the services you receive. Information received by AMANDA SELLERS, PSY.D., LLC or our business associates from certain mental health practices or from federally funded drug or alcohol treatment programs may be subject to limits on redisclosure set forth in applicable state or federal law or regulations. We may use or disclose your PHI as necessary to contact you in order to raise funds for our Practice. Any such communication will tell you how you may opt out of receiving future fundraising communications from us.

AMANDA SELLERS, PSY.D., LLC may use or disclose PHI about you without your authorization or permission for several other reasons. These reasons include:

- By law, we must disclose your PHI to you unless it has been determined by a health care professional that it would be harmful to you. Even in such cases, we may disclose a summary of your PHI to certain of your authorized representatives specified by you or by law. We must also disclose PHI to the Secretary of the U.S. Department of Health and Human Services (HHS) for investigations or determinations of our compliance with laws on the protection of your health information.
- To a parent or guardian. State laws concerning minors permit or require certain disclosure of PHI to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or, if you are treated by us in another state, the laws of that state) and will make disclosures following such laws
- As required by law. A federal, state or local law may require AMANDA SELLERS, PSY.D., LLC to use or disclose your PHI for certain purposes.
- To report suspected child abuse. AMANDA SELLERS, PSY.D., LLC is mandated to report any suspected child abuse that she learns of during treatment, even if she does not see the abused child.
- To report suspected abuse of older adults. AMANDA SELLERS, PSY.D., LLC may report if she suspects an older adult is being abused.
- For judicial and administrative proceedings. AMANDA SELLERS, PSY.D., LLC may disclose your PHI pursuant to a court order.
- To avert a serious threat to health or safety. AMANDA SELLERS, PSY.D., LLC may use or disclose your PHI if, in good faith, we believe that such information is necessary to avert a serious and imminent threat to the health or safety of a person or the public.
- For worker's compensation. AMANDA SELLERS, PSY.D., LLC may disclose PHI regarding work-related injuries in compliance with worker's compensation laws.

In any other situation, we will ask for your written authorization before using or disclosing any PHI about you. For example, if you are applying for a life insurance policy, AMANDA SELLERS, PSY.D., LLC must obtain your written authorization prior to disclosing your PHI to the insurance company. AMANDA SELLERS, PSY.D., LLC has prepared authorization forms for your use, and will make them available to you upon request. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. Following are examples in which your agreement or objection is required. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any

other person you identify, your PHI that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. If you should become deceased, we may disclose your PHI to a family member or other individual who was previously involved in your care, or in payment for your care, if the disclosure is relevant to that person's prior involvement, unless doing so is inconsistent with your prior expressed preference. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

AMANDA SELLERS, PSY.D., LLC may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. To the extent that AMANDA SELLERS, PSY.D., LLC is designated an affiliated covered entity, the covered entities that comprise AMANDA SELLERS, PSY.D., LLC may share your health information with one another as if they were a single covered entity.

We may change our policies at any time and make the new policies effective for all information we maintain. Before we make any significant change in our policies, we will change this Notice. If we change this Notice, copies will be available by contacting the AMANDA SELLERS, PSY.D., LLC Representative listed below. You can request a copy of our notice at any time. For more information about our privacy practices, contact the AMANDA SELLERS, PSY.D., LLC representative listed below.

Your Individual Rights

You may ask us not to use or disclose any part of your PHI for treatment, payment or health care operations. Your request must be made in writing to our Privacy Officer. In your request, you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use or disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date. If we believe that the restriction is not in the best interests of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment. You may ask us not to disclose certain information to your health plan. We must agree with that request only if the disclosure is not for the purpose of carrying out treatment (only for carrying out payment or health care operations) and is not otherwise prohibited by law and pertains solely to a health care item or service for which we have been paid out of pocket in full by you or by another person on your behalf other than your health plan. You may revoke a previously agreed upon restriction, at any time, in writing.

You have the right to look at and/or get a copy of your health information. This request must be in writing. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. If you request copies, we may

charge a per page fee to cover costs. If we deny you access to requested information, you may appeal the denial in certain circumstances. If you believe that information in your record is incorrect or incomplete, you have the right to request that we correct, or add to, the existing information. This request must be in writing and be supported by a reason. We have the right to deny the request. Please forward your written request to access or amend information to the AMANDA SELLERS, PSY.D., LLC representative listed below.

You have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or operational purposes (as well as other limited exceptions) during the six (6) years prior to the date on which your request for an accounting is made. This request must also be made in writing. AMANDA SELLERS, PSY.D., LLC may not account for disclosures made before the effective date. We reserve the right to charge for multiple requests for disclosure to cover costs incurred.

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

If we maintain an electronic health record containing your protected health information, you have the right to obtain a copy of that information in an electronic format and you may choose to have us transmit such copy directly to a person or entity you designate, provided that your choice is clear, conspicuous, and specific. You may request that we provide you with an accounting of the disclosures we have made of your protected health information (including disclosures related to treatment, payment and health care operations) contained in an electronic health record for no more than 3 years prior to the date of your request (and depending on when we acquired an electronic health record).

This Notice is provided to you as a requirement of HIPAA. There are several other privacy laws that also apply to HIV related information, family planning information, mental health information, psychotherapy notes, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this Notice. Psychotherapy notes, release of PHI for marketing purposes or sale of protected health information, are all specifically subject to more strict privacy standards and most uses and disclosures require express authorization from you.

You have the right to obtain a paper copy of this notice, even if you received it electronically. Please submit your request in writing to the AMANDA SELLERS, PSY.D., LLC representative listed below.

Do You Have a Question?

If you have any questions or complaints, please contact: Amanda Sellers, Psy.D., at (484) 809-0529.

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Amanda Sellers, Psy.D. You may also

send a written complaint to the U.S. Department of Health and Human Services' Office for Civil Rights. The person listed above can provide you with the appropriate address upon request. No retaliation will be taken for filing a complaint in good faith.

Our Legal Duty

Our Practice is required by law to do the following: (1) keep your protected health information private; (2) present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information; (3) follow the terms of the Notice currently in effect; (4) post and make available to you any revised Notice; and (5) notify affected individuals following a breach of unsecured protected health information.