

# LIZ ANDERSON, LICSW

116 Pleasant Street Ste 331 Easthampton, MA 01027 // 413-247-4972  
[lizanderson.licswma@gmail.com](mailto:lizanderson.licswma@gmail.com) // [lizandersonlicswma.com](http://lizandersonlicswma.com)

# NOTICE OF PRIVACY PRACTICES

**This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. Please read and review it carefully. Liz Anderson, LICSW (the therapist) is required by law to protect the privacy of your health information and will not use or disclose your health information without your written permission, except as described in this notice.**

## ***The therapist's responsibilities:***

The therapist is required by law to protect the privacy of your health information and will use and disclose your health information for many reasons. The therapist is required to obtain your prior written authorization for some disclosures; however, other disclosures are possible without your authorization as noted below. Listed below are the different categories of uses and disclosures, along with information regarding your rights to privacy, security, and breach notifications.

Throughout this notice, the therapist uses the term "protected health information" or PHI to describe information about you that may identify you and that relates to your past, present, or future physical or mental health conditions and associated care you may receive. Regardless of the reason for disclosure, the minimum amount of PHI required will be disclosed.

## ***You have a right to:***

Request that the therapist limit certain uses and disclosure of your PHI, such as how we provide services to you, get paid for our services, or administer the therapist's practice. You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your treatment or payment for your treatment; however, the therapist is not required to agree to your request. To request a limitations on disclosure, please submit a written request to the therapist.

View and receive a copy of your PHI that is contained in your record. The therapist may charge a reasonable fee based on the cost of printing and preparing the records. To request to view and/or receive a copy of your records, please submit a written request to the therapist.

Request additions or corrections to your PHI. If you feel that the PHI contained in your record is incomplete or inaccurate, you may request that we correct, update, and/or amend this information. If the therapist denies your request for amendment, you have the right to file a statement of disagreement with the decision in writing, and the therapist may respond to your statement in writing, a copy of which will be provided to you. To request that your records are corrected, updated, and/or amended, please submit a written request to the therapist.

Receive details of how your PHI was disclosed, excluding: disclosure for treatment, payment, administering the practice; disclosures that have been made directly to you, or that you have authorized, or to friends and family members involved in your care; or for notification purposes.

Request communications by alternatives means or at alternative locations. For instance, you may request that we contact you only in writing or at a different residence or post office box. To request communication by alternative means or alternative locations, please submit a written request to the therapist that includes how or when you would like to be contacted. The therapist will work to accommodate all reasonable requests.

Notification of a data breach. You have the right to be notified of a data breach of any of your PHI.

Obtain a paper copy of this Notice of Privacy Practices, even if you have received one electronically.

## ***Using and disclosing your protected health information:***

The therapist will use your information for your treatment. Examples include providing mental health treatment or making a referral to another provider for additional services.

The therapist will use your information for payment. Examples including obtaining reimbursement for services, confirming insurance coverage, filing or collection activities, and utilization review for managed care coverage.

The therapist will use your information to inform practice operations. Examples include reviewing your chart for information regarding your care and treatment outcomes in order to improve the practice.

***Your PHI can be released without your consent in some circumstances:***

When required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. Examples include responding to a court order.

Public health and health oversight activities. As required by law, the therapist may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. The therapist may also provide information to coroners, medical examiners, and funeral directors as necessary for these persons to carry out their duties. The therapist may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for the therapist's licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

For specialized government functions, such as national security and intelligence.

Business associates. The therapist has a business associate agreement with TherapyNotes, LLC, which provides practice management software and an electronic medical record, a secure website where all documentation of treatment is kept.

Personal communications. The therapist may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To a correctional institute if you are or become an inmate.

To avert a serious threat to health or safety. The therapist may use and disclose your PHI when necessary to prevent a serious threat to your health and safety and/or the health and safety of a specific, identified person or the public at large.

All other uses and disclosure will be made only with your written authorization. Please submit a request in writing to the therapist. All requests will be honored except to the extent that the therapist has already taken actions due to your previous written authorization to do so.

This notice is effective as of March 2021, and the therapist is required to abide by the terms of the Notice of Privacy Practices currently in effect. The therapist reserves the right to change the terms of the Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that the therapist. In the event of a change to the Notice of Privacy Practices, the therapist's website ([lizandersonlicswma.com](http://lizandersonlicswma.com)) will be updated; you will be notified of the update in the notice and its presence online as well as offered a paper copy of the updated notice.

For more information to to make a complaint:

If you feel that your rights have been violated, you have a right to file a written complaint with the therapist and/or the Office of Civil Rights of the Department of Health and Human Services. The therapist will not retaliate against you in any fashion for filing a complaint.

Please speak with the therapist for more information about these privacy practices. For more information about HIPAA or to file a complaint, please write to or contact:

US Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, SW  
Washington, DC 20201  
202-619-0257 or toll-free 877-696-6775