

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION. Health information is personal and confidential, and we are committed to protecting your privacy. We maintain a record of the services you receive to provide quality care and to comply with legal requirements. This notice applies to all records of your care generated by our practice and informs you about the ways we may use and disclose your health information. It also describes your rights to the health information and our obligations regarding the use and disclosure of your health information. We are required by law to:

- A. Ensure that protected health information (PHI) identifying you is kept private.
- B. Provide you this notice of our legal duties and privacy practices with respect to health information.
- C. Follow the terms of the notice.

It is possible that legal changes may cancel or amend our obligations to your PHI. If and when such changes occur, you will be notified of your rights under the law. This notice will be available upon request in our office and on our website.

II. USES AND DISCLOSURES OF YOUR PHI. The following clauses state how we may use and disclose health information. Each category of uses or disclosures is defined with examples. Not all uses or disclosures in a category can be listed. However, all permissible uses and disclosures will fall within one of the categories.

A. Treatment, Payment (including non-payment accounts to a collection agency), or Health Care Operations. Federal privacy rules allow health care providers with direct treatment relationships with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization, to facilitate the health care provider's treatment, payment, scheduling, or health care operations. We may also disclose your PHI, without your authorization, to another health care provider who is assisting us in your treatment. Such providers must maintain confidentiality as well. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

B. Lawsuits and Disputes. If you are involved in a lawsuit, we may disclose PHI in response to a court or administrative order. We may also disclose PHI about a minor in your care who is under our treatment in response to a subpoena, discovery request, or other lawful process. However, we will disclose such PHI only after we have informed you of the request and attempts have been made to protect the PHI.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION.

A. Session Notes. We keep session notes as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is (1) for our use in your treatment, (2) for our use in training or supervising mental health practitioners to improve their skills in group, joint, family, or individual counseling or therapy, (3) for our use in defending a legal proceeding instituted by you, (4) for use by the Secretary of Health and Human Services to investigate our compliance with HIPAA, (5) required by law and the use or disclosure is limited to the requirements of such law, (6) required by law for certain health oversight activities pertaining to the originator of the session notes, (7) required by a coroner who is performing duties authorized by law, and/or (8) required to help avert a serious threat to the health and safety of others.

B. Marketing Purposes. We will not use or disclose your PHI for marketing purposes.

C. Sale of PHI. We will not sell your PHI in the regular course of our business.

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

Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

A. 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.

B. 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.

C. For health oversight activities, including audits and investigations.

D. For judicial and administrative proceedings, including responding to a court or administrative order, although we will attempt to gain authorization from you before complying.

E. For law enforcement purposes, including reporting crimes occurring on our premises.

F. To coroners or medical examiners, when such individuals are performing duties authorized by law.

G. For research purposes, including studying and comparing the mental health of patients who received one form of therapy in contrast with those who received a differing therapy for the same condition.

H. Specialized government 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.

I. For worker's compensation purposes, although we will attempt to gain authorization from you before complying.

J. Appointment reminders and health related benefits or services. We may use and disclose your PHI to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES PERMIT YOU THE OPPORTUNITY TO OBJECT. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you have indicated is involved in your care or the payment for your health care, unless you object in whole or in part. In emergency situations, when consultation could endanger the safety of you or others, it may be necessary to defer your objections.

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 us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We may decline if your request could negatively affect your health care.

B. The Right to Request Restrictions for Out-of-Pocket Expenses Paid 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 a health care service that you have paid for out-of-pocket in full.

C. The Right to Choose How We Send PHI to You. You may request us to contact you in a specific way (for example, home or office phone) or to send mail (land or electronic) to a different address, and we will accommodate all reasonable requests.

D. The Right to See and Obtain Copies of Your PHI. Other than psychotherapy notes, you have the right to an electronic or paper copy of your medical record and any other information that we have about you. We will provide you with a copy of your record or a summary of it (if you agree to receive a summary), within 30 days of receiving your written request. We may charge a reasonable, cost-based fee for doing so.

E. The Right to Obtain a List of Our Disclosures. You have the right to know if your PHI has been disclosed for purposes other than treatment, payment, or health care operations. In response to your request, we will provide, within 60 days, a list of all disclosures made in the last six years unless you request a shorter time. We will provide the list without charge, but if you make more than one request in the same year, we will charge a reasonable cost-based fee for each additional request.

F. The Right to Correct or Update Your PHI. If you believe your PHI contains a mistake or that information is missing, you have the right to request corrections or additions. We may decline your request, but will tell you why in writing within 60 days of the receipt of your request.

G. The Right to Obtain a Paper or Electronic Copy of this Notice. You have the right to a paper copy and an e-mail of this notice.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2013.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your PHI. By checking the box below, you acknowledge that you have received a copy of the HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AGREE THAT I HAVE READ, UNDERSTOOD, AND ASSENTED TO THE ITEMS CONTAINED IN THIS DOCUMENT.