

# *Judy Hu Counseling*

## **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.

Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed. If you have any questions, I will be happy to help you understand the procedures and your rights.

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## **A. Introduction**

This notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I may share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me for more explanations or more details.

## **B. What we mean by your medical information**

Each time you visit any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information collected from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in my office. When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

In this office, your PHI is likely to include these kinds of information: Your history, reasons you came for treatment, diagnoses, a treatment plan, progress notes, records from others who treated you or evaluated you, psychological test scores, school records, Information about medications you took or are taking, legal matters, billing and insurance information. There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it to plan your care and treatment or to decide how well our treatments are working for you. I will also use PHI when I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me. I will also use it to show that you actually received services from me, which were billed to you or to your health insurance company.

Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy I can make one for you (there may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask to amend (add information to) your records, although in some rare situations we don't have to agree to do that. If needed, I can explain more about this.

## **C. Privacy and the laws about privacy**

I am legally required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires providers to keep your PHI private and to give you this notice about our legal duties and privacy practices. I will obey the rules described in this notice. If I change any privacy practices, they will apply to all the PHI I keep. I will also provide a new notice of privacy practices to you. You or anyone else can also get a copy from me at any time.

## **D. How your protected health information can be used and shared**

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I take caution to share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared.

Mainly, I will use and disclose your PHI for routine purposes to provide for your care, and will explain more about these below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

### **1. Uses and disclosures with your consent**

After you have read this notice, you will be asked to sign a separate consent form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for services, or some other health care operations. In other words, I need information about you and your condition to provide care to you. You have to agree to let me collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before I begin to treat you. If you do not agree and consent I cannot treat you.

#### **a. The basic uses and disclosure**

• ***For treatment.*** I use your medical information to provide you with mental health treatments or services. These might include individual, family, or group therapy; treatment planning; or measuring the benefits of my services.

I may share your PHI with others who provide treatment to you, such as your personal physician. If you are being treated by a team, I can share some of your PHI with the team members, so that the services you receive will work best together. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

• ***For payment.*** I may use your information to bill you, your insurance, or others, so I can be paid for the treatments I provide to you. I may contact your insurance company to find out exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, your progress, and other similar things.

• ***For health care operations.*** Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, I may use your PHI to see where I can make improvements in the care and

services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

**b. Other uses and disclosures in health care**

• **Appointment reminders.** I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that. Please inform me of your preference.

• **Treatment alternatives.** We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

• **Other benefits and services.** I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

• **Business associates.** I may hire other businesses to do some jobs for me. Examples include a billing service to figure out, print, and mail my bills. These business associates would need to receive some of your PHI to do their jobs properly. To protect your privacy, they will agree in their contract with me to safeguard your information.

**2. Uses and disclosures that require your authorization**

If I want to use your information for any purpose besides those described above, I need your permission on an authorization form. I don't expect to need this very often. If you do allow me to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information we have already disclosed or used with your permission.

**3. Uses and disclosures that don't require your consent or authorization**

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this.

**a. When required by law**

There are some federal, state, or local laws that require me to disclose PHI: I have to report suspected child abuse. If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. I may have to disclose some information to the government agencies that regulate therapists to see that providers are obeying the privacy laws.

**b. For law enforcement purposes**

I may release medical information if asked to do so by a law enforcement official to investigate a crime.

**c. For public health activities**

I may disclose some of your PHI to report to a government official an adverse reaction that you have to a medication.

**d. For health oversight activities.**

I may disclose PHI to assist the government in conducting an investigation or inspection of a health care provider or organization.

**e. For specific government functions**

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

**f. To prevent a serious threat to health or safety**

If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

**4. Uses and disclosures where you have an opportunity to object**

I can share some information about you with your family or close others. I will only share information with those involved in your care or financially responsible for your care. I can share information with anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them, about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

If it is an emergency, and so we cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.

**5. An accounting of disclosures I have made**

When I disclose your PHI, I may keep some records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

**E. Your rights concerning your health information**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain

place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.

2. You have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. I am not legally required to agree to your request, but if I do agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.

3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but may be charged. Contact me to arrange how to see your records.

4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request to me in writing. You must also tell me the reasons you want to make the changes.

5. You have the right to a copy of this notice. If I change this notice, I will provide a copy of the new policy.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, U.S. Department of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA 02203. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

#### **F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above, or if you believe your privacy rights have been violated, please speak to me. As stated above, you have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I will take no retaliatory action against you if you file a complaint about my privacy practices. If you have any questions or problems about this notice or our health information privacy policies, please contact me at 617-238-0678 or [Judy@JudyHuCounseling.com](mailto:Judy@JudyHuCounseling.com).

The effective date of this notice is November 1, 2012.

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**I have received a copy of Judy Hu Counseling's Notice of Privacy Practices**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Individual or Personal Representative with legal authority to make healthcare decisions

**If signed by a Personal Representative:**

**Print Name:** \_\_\_\_\_ **Role:** \_\_\_\_\_

(Parent, guardian, etc.)

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_