

Positive
Mind
Therapy



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NOTICE OF PRIVACY PRACTICES/CLIENT RIGHTS (HIPPA)

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. PMT stands for Positive Mind Therapy, LLC.

This notice takes effect immediately and remains in effect until replaced.

PMT PLEDGE REGARDING MEDICAL INFORMATION:

This NOTICE OF PRIVACY PRACTICES refers to the client. If the client is under 18 years old, the **parent/guardian also has the same rights.** The privacy of your medical information is important. PMT understands that your medical information is personal and is committed to protecting it. PMT creates a record of the care and services you receive. This record is necessary to provide you with quality care and to comply with certain legal and ethical requirements. This notice will tell you about the ways PMT may use and share medical information about you. PMT also describes your rights and certain duties regarding the use and disclosure of medical information.

PMT's LEGAL DUTY

Laws Require PMT to:

1. Keep your medical information private.
2. Give you this notice describing legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

PMT has the Right to:

1. Change the privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

NOTICE OF PRIVACY PRACTICES (CONTINUED)

2. Make the changes in the privacy practices and the new terms of PMT's notice effective for all medical information that is kept, including information previously created or received before the changes. Before making an important change in PMT's privacy practices, this notice will be changed and will be available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION:

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, PMT listed all of the different ways we are permitted to use and disclose medical information. PMT will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to marci@positivemindtherapyllc.com or by written letter.

FOR TREATMENT:

PMT may use medical information about you to provide you with psychological treatment or services. With **your specific permission**, PMT may disclose medical information about you to doctors, nurse, technicians, medical students or other people who are taking care of you. PMT may also share medical information about you to your other health care providers to assist them in treating you.

FOR PAYMENT:

PMT may use and disclose your medical information for payment purposes.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:

PMT may disclose medical information to appropriate authorities if it is reasonably believed that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. PMT may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. PMT may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

WORKERS COMPENSATION:

PMT may disclose health information when authorized and necessary to comply with laws relating to worker's compensation or other similar programs.

HEALTH OVERSIGHT ACTIVITIES:

PMT may disclose medical information to an agency providing health oversight for Oversight activities authorized by law, including audits, civil, administrative or criminal investigations or proceedings, inspection, licensure or disciplinary actions, or other authorized activities.

LAW ENFORCEMENT:

Under certain circumstances, PMT may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises and crimes in emergencies.

ADDITIONAL USES AND DISCLOSURES:

In addition to using and disclosing your medical information for treatment, payment, and health care operations, PMT may use and disclose medical information for the following purposes.

NOTICE OF PRIVACY PRACTICES (CONTINUED)

FACILITY DIRECTORY:

Unless you notify PMT that you object, the following medical information about you will be placed in the facilities' directories: your name: your address, your location in PMT facility: your condition described in general terms.

SPECIALIZED GOVERNMENT FUNCTIONS:

Subject to certain requirements, PMT may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for Correctional institutions and other law enforcement custodial situations and for government programs providing public benefits.

COURT ORDERS AND JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:

PMT may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, PMT may share your medical information with law enforcement officials. PMT may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. PMT may share the medical information of an inmate of other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

PUBLIC HEALTH ACTIVITIES:

As required by law, PMT may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability including child abuse or neglect. PMT may also disclose your medical information to person's subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems to enable product recalls, reports or replacements, to track products, or to conduct activities required by the Food and Drug Administration. PMT may also when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

YOUR INDIVIDUAL RIGHTS:**You have a right to:**

1. Look at or get copies of your medical information. You may request copies in a format other than photocopies. PMT will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may request access by sending a letter to Marci Morrison at PMT.
2. Receive a list of all the times PMT therapists shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that PMT place additional restriction on our use or disclose of your medical information. PMT is not required to agree to these additional restrictions, but if PMT does, PMT will abide by our agreement except in the case of an emergency.
4. Request that PMT communicates with you about your medical information by different means or to different locations. Your request that PMT communicates your medical information to you by different means or at different location must be made in writing to Marci Morrison at PMT.

NOTICE OF PRIVACY PRACTICES (CONTINUED)

5. Request that PMT changes your medical information. PMT may deny your request if PMT did not create the information you want changed or for certain other reasons. If PMT denies your request, PMT will provide you written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If PMT cannot accept your request to change the information, PMT will make reasonable efforts to tell others, including people you name of the change and to include the changes in any future sharing of that information.

QUESTIONS AND COMPLAINTS:

If you have any questions about this notice or if you think that PMT may have violated your privacy rights, please contact Marci Morrison at PMT to help clarify any possible misunderstandings. You may also submit a written complaint to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington DC, 20201. PMT **will not** retaliate in any way if you choose to file a complaint.

PRIVACY PRACTICES ACKNOWLEDGEMENT (HIPPA)

I have read and received (if requested) the Notice of Privacy Practices and I have been provided an opportunity to review it.

This Notice describes how PMT may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Name:
(Client if 18 or older or Guardian)

Birthdate:
(Client if 18 or older or Guardian)

X

Signature

X

Date