



HEART Therapy

Heal. Empower. Achieve. Recover. Thrive.

HIPAA 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.

1. **PURPOSE:** HEART Therapy and its professional staff, employees and trainees follow the privacy practices described in this notice. HEART Therapy keeps your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all professional staff involved in the health care operations of the organization have access to your records.

2. **WHAT ARE TREATMENT AND HEALTH CARE OPERATIONS?** Your treatment includes sharing information among mental health care providers who are involved in your treatment. For example, if you are seeing multiple providers within HEART Therapy, they may share information in the process of coordinating your care.

3. **HOW WILL HEART THERAPY USE MY PROTECTED HEALTH INFORMATION (PHI)?** Your personal mental health record will be retained by HEART Therapy for at least seven years after your last clinical contact with the organization. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy. Until the records are destroyed they may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- a. Appointment reminders
- b. Notification when an appointment is cancelled or rescheduled by HEART Therapy
- c. As may be required by law
- d. For public health purposes such as reporting child or elder abuse or neglect
- e. Mental health oversight activities, e.g. audits, inspections or investigations of administration and management of HEART Therapy
- f. Lawsuits and disputes (we will attempt to provide you advance notice of subpoena before disclosing information from your record)
- g. To prevent a serious threat to health or safety
- h. National security and intelligence activities
- i. Protection of the President or other authorized persons for foreign heads of state or to conduct special investigations
- j. To support the operations and functioning of HEART Therapy. All business associates (e.g. electronic health record vendor and billing department) connected to HEART Therapy are obligated to protect the privacy and security of your PHI and may not use or disclose your PHI other than as specified in our agreements with them
- k. Alcohol and drug abuse information has special privacy protections. HEART Therapy will not disclose any mental health or medical information relating to a client's substance abuse treatment unless: (i) the client consents in writing (ii) a court order requires the disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) it is necessary to report a threat to harm oneself or another or to report abuse or neglect as required by law.

4. **YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.** Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in



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writing HEART Therapy to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

5. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI). You have the following rights regarding your health information, provided that you make a written request to invoke the right to HEART Therapy.

a. Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree with your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contact.

b. Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied. You may request review of the denial by another licensed mental health professional chosen by HEART Therapy. HEART Therapy will comply with the outcome of the review.

c. Right to an electronic copy of mental health records. If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in that form or format. If it is not readily producible in that form, your record will be provided in either our standard electronic format, or as a readable hard copy. We may charge a fee for transmitting the electronic health record.

d. Right to request clarification of record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. HEART Therapy is not required to accept the information that you propose.

e. Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations. Right to receive notice of a breach. You have the right to be notified upon a breach of any of your unsecured PHI.

f. Right to a copy of this notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.

6. PAYMENTS. We may use your health information or share it with your insurance company in order to obtain reimbursement for treatment or care.

7. REQUIREMENTS REGARDING THIS NOTICE. HEART Therapy is required to provide you with this Notice that governs our privacy practices. HEART Therapy may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we receive in the future. Any time you come in to HEART Therapy, you may ask for and receive a copy of the Privacy Notice in effect at the time.

8. COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with Serenity Therapy or with the Department of Health, Behavioral Health Division of Oklahoma. You will not be penalized or retaliated against in any way for filing a complaint.