

NOTICE OF PRIVACY PRACTICES

Effective Date: August 2019 (updated)

This notice describes how medical information about you may be used and disclosed and how to get access to this information. Please read it carefully. If you have any questions regarding this notice, you may contact the Clinical Director at:

Tracy Hill, Ph.D., LPC, NBCC
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484-896-9161

I. YOUR PROTECTED HEALTH INFORMATION

Tracy E. Hill, Ph.D & Associates LLC (hereinafter “Center Street Center”) is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, as well as to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you. Your medical and billing records at our office are examples of information that usually will be regarded as your protected health information.

II. YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD

Although your health records are the physical property of the health care provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. Health care operations consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under 164.502(a)(2)(i) (disclosures to you), 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, like mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. Even in those cases in which you do have the right to request restriction we do not have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice.
- Request that we communicate with you by alternative means and if the method of communication is reasonable, we must grant the alternative communication request (i.e., contact you by mail at an address other than your own).
- Receive and keep a copy of this notice of information practices. Although we have a copy in our office, you have a right to a hard copy on request for your permanent use. The law requires we ask you to acknowledge receipt of your copy.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - Psychotherapy note(s). such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical records.
 - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings including custody evaluations.
 - Information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, the provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. These reviewable grounds for denial include:

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- When a licensed health care professional has determined in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- When the private health information makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual's personal representative and a competent health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, a licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. **We reserve the right to charge a reasonable, cost based fee for making copies.**

- Request amendment/correction of your health information. We do not have to grant the request if:
- We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
- The records are not available to you as discussed immediately above.
- The record is accurate and complete.

If we deny your request for amendment/correction, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Center Street Center must do an accounting of non-routine uses and disclosures other than for treatment, payment and health care operations, or of protected health information named above. We do not need to provide an accounting for:

- Disclosures to you.
- Disclosures authorized by you.
- Disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations).
- National security or intelligence purposes under 164.512(k)(5) (disclosure not requiring consent, authorization, or an opportunity to object).
- That which occurred before December 1, 2003

We must provide the accounting within 60 days. The accounting must include:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 6-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your (consent or) authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.
- Remain current regarding standards of privacy/confidentiality.

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- In the case of taking on trainees or personnel in our practice, train these individuals concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard to privacy/confidentiality.
- Mitigate (less the harm of) any breach of privacy/confidentiality.

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will mail a revised notice to the address you have supplied.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

HOW TO GET MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and/or would like additional information you may contact the Clinical Director at 484-896-9161.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS.

Treatment: if you give consent or with the regulatory authority of Health and Human Services, we may use or disclose your health information for treatment.

Example: your primary therapeutic team will record information to diagnose your condition and determine the best course of treatment for you. For example, we may discuss your treatment with a physician regarding medications or a psychologist regarding possible testing.

We may provide your physician, other health care professionals, or a subsequent health care provider with copies of your records to assist them in treating you once we are no longer treating you. We may contact you on a cellular phone which is *not* confidential due to airwaves. Our phone listed, 484-896-9161 is our regular office telephone.

Payment: if you give us consent or with the regulatory authority of Health & Human Services, we may use or disclose your health information for payment.

Example: We may send a bill to you or to a third party payer (however, at this time we do not accept third party payment), such as a health insurer or a parent/guardian (which under the case of treating adolescents, parent/guardian payment is accepted as second party payment). The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used. The above includes mailing your bill in envelopes with our practice name and return address.

Uses and Disclosures Other than for Treatment, Payment or Health Care Operations

Business Associates: We may provide some services through contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the functions(s) we have contracted with them to do and bill you or your second (or third) party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. An example is if you have need for emergency hospitalization.

Communication with family: Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.

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Threat to Public Safety: We may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

HIV and Drug/Alcohol Health Information: Information for treatment/billing purposes may only be disclosed with your permission following state guidelines.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information as required by law or in response to a valid subpoena.

Health Oversight Agencies and Public Health Authorities: If a member of our force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health.

The Federal Department of Health and Human Services (DHHS): Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

Custody Evaluations: Information on sessions, assessments, interviews with family, school personnel and others may be disclosed with the courts for custody evaluation purposes.

NOTICE OF PRIVACY PRACTICE AGREEMENT:

I have read the above NOTICE OF PRIVACY PRACTICE and understand and agree to the terms listed:

Client Signature

Date

Client Name PRINTED