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**NOTICE OF PSYCHOTHERAPIST POLICIES AND PRACTICES TO PROTECT THE
PRIVACY OF YOUR HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

MY PLEDGE REGARDING YOUR HEALTH INFORMATION:

I understand that health information about you and your health care is personal; therefore, I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

The information about you that may identify you and relates to your past, present, or future physical or mental health condition and the related health care services is referred to as *Protected Health Information* (“PHI”). I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI.

This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable laws, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *National Association of Social Workers (NASW) Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website (www.shkcounseling.com), sending a copy to you in the mail upon request, or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

WITH YOUR AUTHORIZATION

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes, if applicable. “*Psychotherapy Notes*” are notes I may make about our conversations during a private, group or joint counseling session, which will be kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the Practice has already taken action on that authorization; or (2) if the authorization was obtained as a condition of

obtaining insurance coverage since the law provides the insurer the right to contest the claim under the policy.

The Practice will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

FOR TREATMENT. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other clinicians with whom I engage in peer consultation (where the client's identifying information is redacted). I may disclose PHI to any other consultant only with your authorization.

FOR PAYMENT. I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are determining eligibility coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

FOR HEALTH CARE OPERATIONS. Your treatment record is accessible only to me and to personnel whom I have authorized to help me provide services to you, including an online practice management site that is HIPAA compliant and encrypted. Your record includes, but is not limited to, your progress notes and closing summary. Once uploaded to this electronic platform, all paper documentation, such as signed releases, is shredded and files are maintained only electronically. Your billing record is also accessible only to me and to personnel or platforms whom I have authorized to perform billing services for you. In the event I share your PHI with third parties that perform various business activities (e.g., billing or typing services), I will obtain a written contract with the business that requires it to safeguard the privacy of your PHI.

It is your choice whether or not to use your insurance coverage for payment of my services. I am not currently a provider under any insurance plan, but you may be eligible to submit claims for out-of-network services. Keep in mind that all insurance companies will require a mental health diagnosis to process your claim. I will provide you with a statement at the end of each month, including diagnosis code, that may be used for such purposes. If your insurance company requires further information, I will first consult you about your insurance company's request. I will give you the option to make an informed decision regarding what, if anything, you wish to be released.

For training or teaching purposes, your PHI will be disclosed only with your authorization.

REQUIRED BY LAW. Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

WITHOUT YOUR AUTHORIZATION

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your

authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

CHILD ABUSE OR NEGLECT. If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to the DC Child and Family Services Agency. Additionally, I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS. I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

DECEASED PATIENTS. I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA; however, my commitment to you is that I will not release PHI to anyone following your death unless you have signed a release to do so or it required of me by law.

MEDICAL EMERGENCIES. I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

FAMILY INVOLVEMENT IN CARE. I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

HEALTH OVERSIGHT. If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

LAW ENFORCEMENT. I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

SPECIALIZED GOVERNMENT FUNCTIONS. I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

PUBLIC HEALTH. If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

PUBLIC SAFETY. I may disclose your PHI, if necessary, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

RESEARCH. PHI may only be disclosed after a special approval process or with your authorization.

VERBAL PERMISSION. I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me at info@shkcounseling.com:

- **RIGHT OF ACCESS TO INSPECT AND COPY.** YOU have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person. I 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. I may charge a reasonable, cost-based fee for copies.
- **RIGHT TO AMEND.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact me if you have any questions.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to

a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. For example, please inform me if you do NOT want a voicemail left at the phone number provided on your form. Otherwise, I will assume that I may leave messages for you at the phone number provided for me. So that I may contact you whenever necessary, I will rely upon you to notify me of any changes in your name, address, and home or work phone numbers.

If you require an alternative address or method of contact for payment, I will do my best to accommodate your request.

- **BREACH NOTIFICATION.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **RIGHT TO A COPY OF THIS NOTICE.** You have the right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you bring to my attention any questions or concerns that you may have. The laws governing confidentiality can be quite complex, thus in situations where specific advice is required, formal legal advice may be needed.

The effective date of this Notice is January 1, 2020.

ACKNOWLEDGMENT 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 protected health information

BY CLICKING ON THE CHECKBOX BELOW, YOU HEREBY ACKNOWLEDGE THAT YOU ARE (18) YEARS OF AGE OR OLDER. YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THIS NOTICE. IN ADDITION, YOU ACKNOWLEDGE THAT YOU HAVE HAD THE OPPORTUNITY TO ASK, AND HAVE ANSWERED, ANY QUESTIONS REGARDING ITS CONTENT. YOU ALSO ACKNOWLEDGE THAT YOU UNDERSTAND YOUR CLIENT RIGHTS, YOUR PSYCHOTHERAPIST'S DUTIES, AND THE USE AND DISCLOSURE OF YOUR INFORMATION EXPLAINED ABOVE.