



NOTICE OF PRIVACY PRACTICES

Your Information.

Your Rights.

Our Responsibilities.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The privacy of clients of Inspired Art Therapy, INC. (IAT) is held in the utmost regard. There are federal laws, state laws, and other professional requirements regarding your privacy as a client. If you have any questions, your IAT provider will be happy to respond. IAT is thoroughly committed to keeping what you share private, unless you provide written permission (such as a Release of Information form to share information with your doctor or another clinician, for example), or the law compels us to disclose your health information (as explained in this document).

WHEN WE SAY "HEALTH INFORMATION" ...

Any time you visit Inspired Art Therapy, INC. (or any clinic, hospital, or other healthcare provider), information may be collected about you and your physical and/or mental health. It may be information about your past, present, or future conditions, or the treatment or services you received from IAT or from others, or about payment for healthcare. The information collected from you is legally referred to as "PHI", which stands for Protected Health Information. This information goes into your file (or medical or healthcare record).

At our office, PHI may include (but is not necessarily limited to):

- Your history (as a child, school, work, marital and personal history)
- Your reasons for treatment (problems, symptoms, hopes, goals)
- Diagnoses (medical terms for your problems, issues, or symptoms)

- A treatment plan (what your IAT provider thinks will best help you, based on your goals)
- Progress notes (observations of how you are doing, and what you tell us)
- Records we may receive from others who treated or evaluated you
- Psychological test scores and the like
- Legal matters
- Billing and insurance information

All of this information is used for many purposes. For example, it may be used:

- To plan your care and treatment
- To evaluate how well treatment is working for you, and to improve it
- To confer and collaborate with other professionals working with you (such as your family doctor or psychiatrist)
- To prove you actually received our services (e.g., for billing purposes)
- For public health officials trying to improve health care in this country
- For psychological research
- For teaching and training other healthcare professionals

HOW YOUR PHI (PROTECTED HEALTH INFORMATION) CAN BE USED AND SHARED

When your PHI is read by IAT this is legally referred to as "use". If the information is shared with others outside of our office, this is called, in the law, "disclosure". Except in some special cases, when we disclose to others, we share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed. IAT uses and discloses PHI for several reasons. Mostly it is for routine purposes explained below. For many uses we must inform you and have a written Authorization from you (unless the law requires us to make the use or disclosure without your authorization). However, by law, IAT is allowed to make some uses and disclosures without your consent or authorization.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, whom we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us in writing.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts
- Contact you through a newsletter

In an emergency where IAT cannot ask if you disagree, and you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information, if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety, if we believe it is what you would have wanted and we believe it will benefit you. In such cases, we will tell you as soon as possible. If you do not approve with our decision to disclose your PHI, we will stop, as long as it is not against the law for us to do so.

In these cases we never share your information:

- Sale of your information

OTHER USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can coordinate care.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary, including scheduling appointments, appointment reminders, and schedule changes.

Pay for your health services

- We can use and disclose your health information in seeking payment for your health services. Example: We share information about you with your insurance provider to coordinate payment for your counseling services.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - To report suspected child abuse/neglect, elder abuse/neglect, or dependent adult abuse/neglect (including sex-trafficking, and the streaming, downloading, or intentional viewing of illegal pornography that may include any of these vulnerable populations).
 - If we believe you have made a serious threat against your life or safety, or that of another person (including anyone at IAT).

Do research

- We can use or share your information for health research.
 - In all cases your name and any other information that identifies who you are will be removed. If identifying information is desired, this could only be done with your signed authorization.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
 - If you are in legal proceedings and we receive a court order or other lawful process that requires us to release some or all of your PHI. We will do so only after trying to discuss the situation with you or your lawyer.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date 7/10/2019

IF YOU HAVE QUESTIONS OR CONCERNS about the privacy practices described above, please talk to your IAT provider in person, or via phone or email.



NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT

By signing below, you acknowledge that you have received a copy of the NOTICE OF PRIVACY PRACTICES:

Client/Guardian Signature _____ Date _____

Client/Guardian (PRINTED) _____