Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Your privacy is important to me, and I am dedicated to maintaining confidentiality of your personal and health information. This notice explains how your health information may be used or disclosed and your rights concerning your information.

Information Collected:

In the course of providing mental health services, the information that may be collected and maintained includes:

1. Personal information such as your name, address, and contact details.
2. Health information, including your medical history, mental health history, and treatment plans.

Confidentiality:

The information shared with your mental health provider is confidential. I will not disclose your information without your written consent, except as required or permitted by law. There are, however, some exceptions to confidentiality, such as instances where there is a threat of harm to yourself or others, or in cases of suspected child or elder abuse.

HOW YOUR INFORMATION MAY BE USED OR DISCLOSED:

Your information may be used and disclosed for treatment, payment, and healthcare operations. Here are some examples:

1. **Treatment:** May use and disclose your information to provide, coordinate, or manage your mental health care and related services.
2. **Payment:** May use and disclose your information to bill and collect payment for the services provided to you.
3. **HealthCare Operations:** May use and disclose your information for activities that support the administration of this mental health counseling practice, such as quality improvement, training, and compliance.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
   a. For my use in treating you.
   b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
   c. For my use in defending myself in legal proceedings instituted by you.
   d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
   e. Required by law and the use or disclosure is limited to the requirements of such law.
   f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
   g. Required by a coroner who is performing duties authorized by law.
   h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

1. **For your safety**, including if it appears there is an immediate threat of harm to yourself or others.
2. **For public health safety**, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. **When disclosure is required by state or federal law**, and the use or disclosure complies with and is limited to the relevant requirements of such law.
4. **For health oversight** activities, including audits and investigations.
5. **For judicial and administrative proceedings**, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

You have the following rights with respect to your PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. 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, and I may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I will accommodate reasonable requests that are within my scope of practice.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail.

Acknowledgement 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 checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.