



Notice of Security and Privacy Practices

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

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 (PHI), and River City Therapy Center, LLC has legal responsibilities for protecting your health information.

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that your health care and health information is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this health care provider. This notice will tell you about the ways in which we may use, disclose, and store health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are Required by Law to:

- a. Make sure that your individually identifiable health information is kept private.
- b. Give you this Notice of our legal duties and privacy practices with respect to your health information.
- c. Abide by the terms of the Notice that is currently in effect.
- d. Notify you if you are affected by a breach of unsecured protected health information.
- e. Notify you of a change in our privacy practices and provide you with a copy of the revised Notice via your preferred method (email or paper copy). The current version of the Notice will also be available on our website.

Security Measures. We will implement reasonable and appropriate administrative, physical, and technical safeguards to protect your health information, including regarding:

- a. **Electronic Health Records (EHR).** Some or all of your PHI may be stored in a HIPAA-compliant, EHR system. River City Therapy Center, LLC currently uses WebABA Practice Management software. Your records are backed up to our HIPAA-compliant, cloud-based storage system, OneDrive for Business. Access to all EHR is limited to those who are authorized to view and use your PHI for treatment, payment, or other health care operations.
- b. **Electronic Communication of PHI.** The most secure method for communicating PHI electronically is through Messaging in WebABA. PHI may also be communicated through email communications, however, there are limitations to the security of these communications as your personal email may not have the safeguards in place to protect access to your health information.
 - i. PHI is not recommended to be shared via text message. If your preferred method of contact is text message, River City Therapy Center, LLC will use a "FiLi" in place of



your/your child's name. This stands for "First initials, Last initials." An example of a FiLi for John Adams is "JoAd."

- c. **Transportation of PHI out of the Office.** If your PHI needs to be transported from the office to another location, either in paper form or on a portable media device such as a laptop, River City Therapy Center, LLC will follow physical safeguard procedures such as securing the documents in a mobile locking cart and maintaining password access to media devices.

Complaints. If you believe your privacy rights have been violated by River City Therapy Center, LLC or its agents, you have the right to make a complaint to us and to the Secretary of the Department of Health and Human Services. You may file a complaint in writing and deliver the complaint in-person, via email, or via postal mail to the Owner and Clinical Director, Kylie Balaun. You will NOT be retaliated against for filing a complaint, and we will make all reasonable efforts to amend the issue.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition.

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 to provide quality care.

The following categories describe different ways that we use and disclose health information:

- **For Treatment:** providing, coordinating, or managing health care and related services by one or more providers at our facility or third party, consultations between health care providers, and referrals for a client to receive health care services from another health care provider.
- **For Payment:** obtaining authorization and/or reimbursement for services, confirming coverage, billing or collection activities and utilization review.
- **For Health Care Operations:** such as conducting quality assessments and improvement activities, auditing functions, cost-management analyses, legal services, and customer service.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

- a. 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.



- b. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- c. For health oversight activities, including audits and investigations.
- d. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
- e. For law enforcement purposes, including reporting crimes occurring on our premises.
- f. To coroners or medical examiners, when such individuals are performing duties authorized by law.
- g. For research purposes, including studying and comparing the health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- h. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- i. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
- j. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We 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.

Certain Uses and Disclosures Require Your Authorization

Uses and disclosures not described in this notice will be made only with your written authorization. You have the right to revoke an authorization by notifying River City Therapy Center, LLC in writing.

Psychotherapy Notes. We may keep psychotherapy notes, a note recorded by a mental health professional when documenting or analyzing the contents of conversation during care provided to you, notes that are kept separate from the rest of your records. These notes exclude session start and stop times and the frequency and modality of treatment, results of clinical tests, and summaries of: diagnosis, functional status, your treatment plan, symptoms, prognosis, and progress to date. Any use or disclosure of psychotherapy notes requires your Authorization unless the use or disclosure is:

- a. For our use in treating you, receiving payment for treatment, or during regular health care operations.
- b. For our use in training or supervising health practitioners to help them improve their skills in therapeutic practices.



- c. For our use in defending River City Therapy Center, LLC and its agents in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate our 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.

Marketing Purposes. We will not use or disclose your PHI for marketing purposes unless explicitly authorized by you on our Media Release Permission Form.

Sale of PHI. We will never sell your PHI in the regular course of our business.

Certain Uses and Disclosures Require You Have The Opportunity To Object

Facility Directory. We may maintain a directory of individuals who receive care through our facility, including your name, where you receive services, and your condition. This information will only be available to administrative staff at River City Therapy Center, LLC, and may be used in the event of an emergency, such as severe weather or a fire. You may object to some or all of this information being included in the directory.

Communication to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Fundraising. We may contact you to raise funds for River City Therapy Center, LLC and you have a right to opt out of receiving such communications.

III. LIMITATIONS OF COMMUNICATING PHI ELECTRONICALLY

Our goal is to ensure the confidentiality, integrity, and availability of all of your electronic protected health information created, received, maintained, and transmitted.

Electronic communication, such as email, phone, and text, can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties. We cannot guarantee or warrant that emails or text messages from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in regard to your PHI.



IV. YOUR RIGHTS WITH RESPECT TO YOUR PHI

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask River City Therapy Center, LLC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care.

The Right to Choose How We Send PHI to You. You have the right to ask River City Therapy Center, LLC to contact you in a specific way (for example, via phone, email, or in-person) or to send mail to a different address, and we will agree to all reasonable requests.

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 we have about you. We 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. We will provide you copies at no charge.

The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided River City Therapy Center, LLC with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge.

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 we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.

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 email. Even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.