

Notice of Privacy Practices

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.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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 treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or 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, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Without Authorization. Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required. We will disclose your protected health information when we are required to do so by any Federal, State or local law.

B. When There Are Risks to Public Health. We may disclose your protected health information for the following public activities and purposes:

1. To prevent, control, or report disease, injury or disability as permitted by law.
2. To report vital events such death as permitted or required by law.
3. To conduct public health surveillance, investigations and interventions as permitted or required by law.
4. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

C. To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

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E. In Connection With Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena in some circumstances.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

1. Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
2. For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
3. Under certain limited circumstances, when you are the victim of a crime.
4. In an emergency in order to report a crime.

G. For Research Purposes. We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

H. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at the address listed at the top of this form.

- **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 may be 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. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We 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. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with the Office for Civil Rights, U.S. Department of Health & Human Services, 61 Forsyth Street, SW. - Suite 3B70, Atlanta, GA 30323; or by calling (404) 562-7886 or (404) 331-2867 (TDD).

We will not retaliate against you for filing a complaint.

The effective date of this Notice is April 14, 2003.

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

Uses and Disclosures for Treatment, Payment, and Health Care Operations

This practice may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes with your written authorization.

The following should help clarify these terms:

- *PHI* refers to information in your health record that could identify you.
- *Treatment* is when the therapist provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when the therapist consults with another health care provider, such as your family physician.
- *Payment* is when the therapist obtains reimbursement for your healthcare. Examples are when PHI is disclosed to your insurer to obtain reimbursement for your care or to determine your coverage.
- *Health Care Operations* are activities that relate to the performance and operation of this practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- *Use* applies only to activities within this office and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.
- *Disclosure* applies to activities outside of this office or practice group, such as releasing, transferring, or providing access to information about you to other parties.
- *Authorization* is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific and required form.

Other Uses and Disclosures Requiring Authorization

This practice may use or disclose PHI for purposes outside of treatment, payment, or health care operations. In those instances, the therapist will obtain an authorization from you before releasing PHI. This practice will obtain a special authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes which have been made about your conversation during a private, group, joint, or family counseling session, which are 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, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) the therapist has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures without Authorization:

- **Child Abuse** – If there is reasonable cause to believe a child known to this practice may be an abused or neglected child, this belief must be reported to the appropriate authorities.
- **Adult and Domestic Abuse** – If there is reason to believe that an individual protected by state law has been abused, neglected, or financially exploited, it must be reported to the appropriate authorities.
- **Health Oversight Activities** – Your PHI may be disclosed to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order. The information can be released directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- **Serious Threat to Health or Safety** – If you communicate to this practice a specific threat of imminent harm against another individual or if it is believed that there is clear, imminent risk of injury being inflicted against another individual, this practice may make disclosures that it believes are necessary to protect that individual from harm. If this practice believes that you present an imminent, serious risk of physical or mental injury or death to yourself, this practice may make disclosures considered necessary to protect you from harm.
- **Worker's Compensation** – This practice may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

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Patient's Rights and Therapist's Duties

Patient's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses/disclosures of PHI. However, this practice is not required to agree to the request.
- Right to Receive Confidential Communications by Alternative Means – You have the right to request and receive confidential communications by alternative means and locations. (For example, you may not want a family member to know that you are seeing a therapist. On your request, this practice will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI in this practices' mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. Upon your request, this practice will discuss with you the details of the request for access process.
- Right to Amend – You have the right to request an amendment of PHI for as long as it is maintained in the record. This practice may deny your request. If so, details of the amendment process will be discussed with you.
- Right to an Accounting – You generally have the right to receive an accounting of all disclosures of PHI.
- Right to a Paper Copy – You have the right to obtain a paper copy of this notice upon request.

Therapist's Duties:

- This practice is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- This practices reserve the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, this practice is required to abide by the terms currently in effect.
- If the policies and procedures are revised, you will be notified at your next session or by mail at the address you provided.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the: Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. This practice will not retaliate against you for filing a complaint.

Effective Date

This Notice of Privacy Practices is effective beginning April 14, 2003, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

- Sign acknowledgement of review and/or receipt of this document on Client Agreement Form
- Photocopy of this document provided upon request.