

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 1/20/2022

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I recognize that the health information regarding you and your healthcare is personal. I am dedicated to safeguarding your health information. I maintain a record of the care and services you receive from me. I need this record to ensure you receive quality care and to meet specific legal obligations. This notice applies to all records of your care generated by this mental health care practice. It explains how I may use and disclose your health information. Additionally, I outline your rights concerning the health information I hold about you and my responsibilities regarding using and disclosing your health information.

I am required by law to:

- Make sure that the PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices concerning health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, which will apply to all the information I have about you. The new Notice will be available upon request and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories outline various ways I use and disclose health information. I will clarify my meaning and provide examples for each use category or disclosure. Not every use or disclosure in a category will be included. However, all permitted uses and disclosures will fit within one of the categories.

For Treatment Payment or Health Care Operations: Federal privacy rules (regulations) permit healthcare providers with a direct treatment relationship to use or disclose a patient/client's personal health information without written authorization from the patient/client. This can be done to facilitate the healthcare provider's own treatment, payment, or healthcare operations. Without your written consent, I may also disclose your PHI for any healthcare provider's treatment activities. For example, if a clinician consults with another licensed healthcare provider regarding your condition, we would be allowed to

use and disclose your otherwise confidential PHI to assist the clinician in accurately diagnosing and treating your health issue. Additionally, I may use your PHI for operational purposes, such as sending appointment reminders, billing invoices, and other related documentation.

Disclosures for treatment purposes are not restricted to the minimum necessary standard. Therapists and other healthcare providers must access the entire record and complete information to deliver quality care. The term "treatment" encompasses, among other aspects, the coordination and management of healthcare providers with third parties, consultations between providers, and patient referrals for healthcare from one 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. Additionally, I may disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process from someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order protecting the requested information.

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 the Department of Health and Human Services (HHS) 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 about 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. Without your written consent, I will not use or disclose your PHI for marketing purposes. For instance, if I request a review from you and intend to share it publicly online or elsewhere to promote my services or practice, I will provide you with a release form and HIPAA authorization. The HIPAA authorization is necessary if your review contains PHI (i.e., your name, the service date you received, the type of treatment you seek, or other personal health details). Since you may not realize which information you provide is considered PHI, I will send you a HIPAA authorization and ask for your signature, regardless of the content of your review. Once you complete the HIPAA authorization, I have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address I have on file or certified mail to my address. Once I have received your written withdrawal of consent, I will remove your review from my website and any other places where I have posted it. However, I cannot guarantee that others who may have copied your review from my website or other locations will also remove it. You should be aware of this risk should you allow me to post your review.
3. Sale of PHI. I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to specific legal limitations, I can use and disclose your PHI without authorization for the following reasons. I must meet specific legal requirements before I can share your information for these purposes:

1. Appointment reminders and health-related benefits or services are also included. I may use and disclose your PHI to contact you to remind you that you have an appointment with me, to tell you about treatment alternatives, or to inform you about other healthcare services or benefits that I offer.
2. When disclosure is required by state or federal law, the use or disclosure complies with and is limited to the relevant requirements of such law.
3. 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.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court order or subpoena, my preference is to obtain authorization from you before doing so if the court or administrative officials allow it.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners when such individuals perform duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions include ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counterintelligence operations, and helping to ensure the safety of those working in or housed within correctional facilities.
10. For workers' compensation purposes, although I prefer obtaining your Authorization, I may provide your PHI to comply with workers' compensation laws.
11. For organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to inform me that I may share your PHI with a family member, friend, or any other person you designate as involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergencies to address a serious and immediate threat to health or safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS CONCERNING YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to request that I not use or disclose certain PHI for treatment, payment, or health care operations. While I am not obligated to agree to your request, I may decline if it impacts your health care.
2. The Right to Request Restrictions on Out-of-Pocket Expenses Paid in Full. You have the right to request restrictions on disclosing your PHI to health plans for payment or health care operations purposes, provided that the PHI relates exclusively to a health care item or 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 request that I contact you in a specific manner (for instance, at your home or office phone) or send correspondence to a different address, and I will accommodate all reasonable requests.
4. The Right to Access and Obtain Copies of Your PHI. Except in limited situations, you have the right to receive an electronic or paper copy of your medical record and any other information I have about you. Please ask us how to proceed. I will provide you with a copy of your record or, if you prefer, a summary within 30 days of receiving your written request. I may charge a reasonable fee for this service.
5. The Right to Obtain a List of Disclosures I Have Made. You have the right to request a list of instances where I have disclosed your PHI for purposes other than treatment, payment, or healthcare operations, as well as other disclosures (including any you ask me to make). Please ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving it. My list will include disclosures made in the last six years unless you request a shorter timeframe. I will furnish the list to you at no charge, but if you make more than one request in the same year, I will charge a reasonable fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe an error in your PHI or essential information is missing, you can request that I correct the existing information or add the missing details. I may decline your request, but I will provide a written explanation within 60 days of receiving it.
7. The Right to Obtain a Paper or Electronic Copy of this Notice. You have the right to obtain a paper copy of this Notice, and you also have the right to receive a copy of this Notice by email. Even if you have agreed to receive this Notice via email, you still have the right to request a paper copy.
8. The Right to Choose Someone to Act on Your Behalf. If you have granted someone medical power of attorney or if someone is your legal guardian, that individual can make decisions regarding your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint. If you feel I have violated your rights, you can contact me using the information on page one, file a complaint with the HHS Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, call HHS at (877) 696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

I can modify the terms of this Notice, and these changes will apply to all the information I have about you. The updated Notice will be available upon request in my office and on my website.