

HIPAA 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 it carefully. If you have any questions about this notice, please contact us with your concerns.

Your Rights. You have the following rights regarding health information we have about you:

- **Your right to view and get a copy of your PHI (Protected Health Information).** You may ask us to view or obtain a copy of your PHI (medical record and other health information we have about you). Your request must be in writing and we will provide a copy or a summary of your health information within 30 days of your request. We may charge a reasonable, costbased fee.
- **Your right to correct or update your PHI.** If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include a reason for the request. Your request must be made to your provider at this office. We will respond within 60 days of your request. We may deny your request if the PHI is: 1) correct and complete, 2) not created by us, 3) not allowed to be shared with you, or 4) not in our records. If we deny your request, we will inform you of the reason for the denial. You may then file a written statement of disagreement, or you may ask that your original request and our denial be included in all future reports of your PHI. If we agree to honor your request, we will change your PHI, inform you of the change, and tell any others that need to know about the change to your PHI.
- **Your 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. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must make your request in writing to your provider here at this office. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Your right to request limits on our use of PHI.** You may ask that we limit how we use and share your PHI for treatment, payment, or our operations. We will consider your request, but are not legally required to agree to it. If we agree to your request, we will follow your limits, except in emergency situations. You cannot limit the uses and reports that we are legally required or allowed to make. To request a restriction, you must make your request in writing to your provider here at this office. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree with that request, unless a law requires us to share that information.
- **Your right to a list of the reports we have made.** You have the right to ask for a list of the parties to whom we have reported your PHI within the six years prior to the date you ask. The list will include all the disclosures, except for: those about treatment, payment, or health care operations; reports you have previously authorized; reports made directly to you or to your family; reports made for national security purposes; or reports to corrections or law enforcement personnel.
- **We will respond to your request within 60 days.** We will include the reports made in the last six years unless you request a shorter time. The list will includes the date of each report, the identity of the person(s) receiving the report, they type of information reported, and the reason for the report.

- **We will not charge you for the list.** If you make more than one request in the same year, however, we may charge you a fee for each additional request.
- **Your right to a paper copy of this notice.** You can ask us for a copy of this notice at any time.
- **Your right to 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.
- **Your right to file a complaint about our privacy practices.** If you have any questions about this notice, wish to file a complaint about our privacy practice, feel that we may have violated your privacy rights, or disagree with a decision we made about access to your PHI, please contact your provider at this office. You may also file a written complaint with the U.S. Department of Health and Human Services, by sending a letter to 200 Independence Ave. S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. Your complaint will not alter or affect the care we provide to you.
- **Effective date of this notice.** This updated notice is in effect as of September 23rd, 2013.

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.

- **You have both the right and the choice to tell us to:** share information with your family, close friends, or others involved in your care; share information in a disaster relief situation; include your information in a hospital directory.
- **In these cases, we never share your information unless you give us written permission:** marketing purposes; sale of your information; most sharing of psychotherapy notes.
- **In the case of fundraising:** we may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Obligations. We are required by law to:

- Maintain the privacy of protected health information (PHI)
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect

PHI includes information that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment for health care provided to you. In general, we may not use or share any more PHI than is necessary to accomplish our purpose.

How We May Use and Disclose Health Information. Described as follows are the ways we may use and disclose health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our office directly.

- **Treatment.** We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **Payment.** We may use and disclose PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may share PHI with your health plan to get paid for the health care services we provided to you. We may also share PHI with billing companies and

companies that process our health care claims.

- **Health Care Operations.** We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the psychological care you receive is of the highest quality. We may also share information with our accountants, attorneys, and others in order to make sure we are complying with the laws that affect us.

Other Uses of PHI

- **Reports required by law.** We may report PHI when the law requires us to give information to government agencies and law enforcement about victims of abuse, neglect or domestic violence; when dealing with gunshot and other wounds, or when required in a legal proceeding. This includes the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Public health.** We may report PHI about diseases to government officials in charge of collecting that information. We may provide PHI relating to death to coroners, medical examiners and funeral directors, as well as for preventing or reducing a serious threat to anyone's health or safety.
- **Health oversight.** We may report PHI to assist the government when it investigates or inspects a health care provider or organization.
- **Research.** We may use PHI in order to conduct medical research. In addition, we may disclose protected health information to a health plan for the plan's Health Plan Employer Data and Information Set (HEDIS) purposes, provided that you are an active member of a health insurance plan requesting this information. For example, we may forward scores on measures of anxiety, depression, and substance use to your health plan as part of ongoing quality-related health care operations.
- **Other government functions.** We may report PHI for certain military and veterans' activities for, national security and intelligence purposes, protective services for the President of the United States, or correctional facility situations.
- **Workers' compensation.** We may report PHI in order to comply with workers' compensation laws.
- **Appointment reminders and health and wellness services.** We may use health information, such as your email address provided at your initial appointment to send you appointment reminders; or give you information about healthcare and wellness services, such as yoga, meditation training, and therapeutic massage. Additionally, as part of our testing evaluation services, some of the measures we use are digital and can only be completed electronically. In these instances we may email you measures to complete throughout the testing evaluation process. We will only use the email you provide to us at the time of intake. To expedite sending emails regarding these services, we may utilize a technology partner, Constant Contact for this purpose.

Client Signature

Date