

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting your health information and maintaining your privacy. To provide quality care and comply with legal requirements, I create and maintain records of the services you receive. This notice applies to all records generated by my practice. It outlines how your health information may be used and disclosed, and it explains your rights regarding your health information.

I am required by law to:

- Ensure that your protected health information ("PHI") remains confidential.
- Provide you with this notice detailing my legal obligations and privacy practices.
- Follow the terms of this notice, which may be updated as necessary.

If I make changes to this notice, the new terms will apply to all the health information I maintain about you. A copy of the most recent notice will always be available upon request in my office and on my website.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways in which I may use and disclose your health information. Not all examples are listed, but all uses and disclosures will fall within one of these categories.

For Treatment, Payment, or Health Care Operations:

Federal privacy regulations allow health care providers to use or disclose your personal health information for the purposes of treatment, payment, or health care operations without your written authorization.

- **Treatment:** For example, I may consult with another licensed health care provider about your condition or treatment plan.
- **Payment:** Your PHI may be shared with your insurance provider to ensure the proper billing of services.
- **Health Care Operations:** I may use or disclose your PHI to improve my practice or provide better care.

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 your child's health information if subpoenaed, or if other lawful processes are involved, as long as I make an effort to notify you and seek protective orders when necessary.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes:

Psychotherapy notes are kept separately and are subject to special privacy protections. I will not disclose psychotherapy notes without your explicit written authorization unless required for:

- My own treatment of you.
- Training or supervision of mental health professionals.
- Defense in a legal proceeding initiated by you.
- Investigation by the Secretary of Health and Human Services to ensure compliance with HIPAA.
- Lawful disclosure requirements, such as a subpoena or investigation by health oversight authorities.
- Medical examiner or coroner investigations.

Marketing Purposes:

As a psychotherapist, I will **never** use or disclose your PHI for marketing purposes.

Sale of PHI:

As a psychotherapist, I will **never** sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

In certain cases, I may disclose your PHI without your authorization, including:

- **When required by law** (e.g., reporting suspected abuse, public health activities).
- **For public health activities**, such as reporting child, elder, or dependent adult abuse, or preventing a serious health or safety threat.
- **For judicial and administrative proceedings**, including responding to court orders or subpoenas.
- **For law enforcement purposes**, such as reporting crimes occurring on my premises.
- **To coroners or medical examiners** for lawful duties.
- **For research purposes**, if applicable, such as comparing different types of therapy for the same condition.
- **For specialized government functions**, such as ensuring the safety of correctional facilities or conducting intelligence operations.
- **For workers' compensation purposes**, in compliance with state law.

Appointment Reminders and Health-Related Services:

I may use your PHI to remind you about appointments or to provide you with information regarding treatment options or other health-related services.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT**Disclosures to Family, Friends, or Others Involved in Your Care:**

I may disclose your PHI to family members, friends, or others you identify as involved in your care or payment for services unless you object. In emergencies, I may disclose this information without prior consent but will seek your retroactive consent as soon as possible.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

- **The Right to Request Limits on Uses and Disclosures:** You may request that I limit how your PHI is used or disclosed for treatment, payment, or health care operations. I am not required to agree to these requests but will consider them carefully.
- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid in Full:** If you pay for a health care item or service entirely out-of-pocket, you can request that I not disclose your PHI to health plans for payment or health care operations.
- **The Right to Choose How I Contact You:** You can request that I contact you through specific means (e.g., phone or email) or to send mail to a different address. I will honor all reasonable requests.
- **The Right to See and Get Copies of Your PHI:** You can request a copy of your health information, excluding psychotherapy notes. I will provide a copy of your records within 30 days of your written request. There may be a reasonable fee for copying costs.
- **The Right to Request a List of Disclosures:** You have the right to request a list of disclosures of your PHI made for purposes other than treatment, payment, or healthcare operations. I will provide the list within 60 days of your request, including disclosures from the past six years.
- **The Right to Correct or Update Your PHI:** If you believe that any information in your PHI is incorrect or incomplete, you can request a correction. I will respond within 60 days.
- **The Right to Receive a Paper or Electronic Copy of this Notice:** You can request a paper copy of this Privacy Notice at any time. If you agree to receive it electronically, I will provide you with an email copy upon request.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

You acknowledge that you have received a copy of this **Notice of Privacy Practices** under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).