



## HIPAA NOTICE OF PRIVACY PRACTICES

The purpose of this document is to describe how medical information about you may be used and disclosed and how you can get access to this information. It is required by law that you receive this notice, and counselors are required to follow its terms. Counselors are responsible for protecting and keeping private your protected health information (PHI). You will be informed promptly if a breach occurs that may have compromised the privacy or security of your information.

Counselors are also required to maintain accurate records of services provided. These records are kept in a HIPAA-compliant, electronic health record system, SimplePractice. This notice of privacy practices applies to all records generated by this counseling practice. This notice may be updated. Any changes to this notice will apply to all information collected about you. Updated notices are available upon request in the office and on the website.

The following categories describe how your information may be used and disclosed. Not every use or disclosure in a category will be listed, however, all of the ways counselors are permitted to use and disclose information will fall within one of these categories.

*1.) For treatment, payment, or health care operations:*

Federal privacy rules (regulations) allow for the disclosure of PHI without written authorization to carry out treatment, payment, or health care operations on behalf of clients.

*2.) Lawsuits and disputes:*

If you are involved in a lawsuit, PHI may be disclosed in response to a court or administrative order, or in response to a subpoena.

**Certain uses and disclosures require your authorization:**

1. Psychotherapy (Progress) Notes. Counselors keep “psychotherapy notes” (defined in 45 CFR § 164.501). Any use or disclosure of such notes requires your authorization, unless the use or disclosure is:
  - a. For use in treating you.
  - b. For use in training or supervising counselor-trainees.
  - c. For use by counselors in defending themselves in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate HIPAA compliance.
  - e. Required by law: the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities (e.g., audits or investigations).
  - g. Required by a coroner performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.

Your PHI will not be used for marketing purposes, nor will it ever be sold.

**Certain uses and disclosures do not require your authorization:**

Subject to certain limitations in the law, your PHI can be disclosed without your authorization for the following reasons:

1. 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.
2. For public health activities: including reporting suspected child, elder, or dependent abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities: including audits and investigations.
4. For judicial and administrative proceedings: including responding to a court or administrative order, or in response to a subpoena - although the preference is to obtain an authorization from you.
5. For law enforcement purposes: including reporting crimes occurring on the business property.
6. To coroners or medical examiners: when such individuals are performing duties authorized by law.
7. For research purposes: including studying and comparing the mental health of clients who received one form of therapy versus those who received another form of therapy for the same condition.
8. 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.
9. For workers' compensation purposes: to comply with workers' compensation laws - although the preference is to obtain an authorization from you.
10. Appointment reminders and health-related benefits or services: to contact you, to remind you of appointments, or to tell you about treatment alternatives/other health care services or benefits offered.

**Certain uses and disclosures require you to have the opportunity to object:**

Disclosure to family, friends, or others: your PHI may be disclosed to family members, friends, or others you have indicated are involved in your care (or the payment for your care) unless you object in whole or in part.

**You have the following rights with respect to your PHI:**

1. The right to request limits on uses and disclosures of your PHI: that your PHI not be used for treatment, payment, or health care operation purposes - your request may be denied.
2. The right to request restrictions for out-of-pocket expenses paid for in full: to health plans for payment or health care operation purposes if the PHI pertains solely to a health care item or a health care service you have paid for out-of-pocket in full.
3. The right to choose how PHI is sent to you: to identify your preferred method of communication (i.e., home or office phone) or to send mail/e-mail to a specific address.

4. The right to see and get copies of your PHI: other than psychotherapy (progress) notes, you have the right to electronic or paper copies of your medical records and other information kept about you.
5. The right to get a list of disclosures made: a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, health care operations, or for which you provided authorization.
6. The right to correct or update your PHI: if you believe there is a mistake in your PHI, or that a piece of important information is missing.
7. The right to a paper and/or electronic copy of this notice.
8. The right to choose someone to act on your behalf.
9. The right to file a complaint if you believe your privacy rights have been violated.
  - a) You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - b) There will be no retaliation against you for filing a complaint.

Your information will not be used or shared other than as described here without written permission. You may revoke said permission at any time with a written notice of revocation.

**Acknowledgement of Receipt of Privacy Practices Notice**

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.