

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY

This confidentiality of your protected health information (PHI) is very important to me. Your health information includes records that I create and obtain when I provide you care, such as a record of your symptoms, explanation and test results, diagnoses, treatment and referrals for further care. It also includes bills, insurance claims or other payment information that I maintain related to your care.

This Notice describes how I handle your health information and your rights regarding this information. Generally speaking, I am required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of my duties and privacy practices regarding the health information about you that I collect and maintain; and
- Follow the terms of my Notice currently in effect.

After reviewing this Notice, if you need further information or have any concerns regarding the handling of your health information, please be in contact with me directly.

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

I may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- “Treatment, Payment and Health Care Operations”
 - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician, another counselor or psychologist

- Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

- Health care operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services and case management/care coordination.

- “Use” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

- “Disclosure” applies to activities outside of my office, 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 legally required form.

I. **Other Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about our conversation during a private, group, joint or family counseling session, which I chosen to keep separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have 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.

II. **Uses and Disclosures Without Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – In known or I have reasonable cause to suspect that a child has been abused or neglected, I MUST report the matter to the appropriate authorities as required by law.

- *Adult and Domestic Abuse* – If I suspect that an adult has been abused, neglected or exploited and I have reasonable cause to suspect that the adult is incapacitated or dependent, I MUST report the matter to the appropriate authorities as required by law.
- *Health Oversight Activities* – I may disclose health information about you for oversight activities authorized by law or to an authorized health oversight agency to facilitate auditing, inspection or investigation related to my provision of health care or to the health care system.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative 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 will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If, in my reasonable professional judgment, I believe that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, I may disclose PHI to the appropriate persons.
- *Worker's Compensation* – I may disclose PHI 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.
- *Communicable Diseases* – To the extent authorized by law, I may disclose information to a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.
- *Medical Emergencies* – In the case of a medical emergency I may disclose information to those involved with your care (i.e. a close relative, an acute health care facility or provider) to ensure that your urgent health care needs are being addressed.
- *FDA* – I may disclose information about you to report an adverse event.
- *Required by Law* – I may disclose health information about you as required by Federal, State or other applicable law.

I. **Your Health Information Rights**

Under the law you have certain rights regarding the health information that I collect and maintain about you. This includes the right to:

- Request that I restrict certain uses and disclosures of your health information; I am not, however, required to agree to the requested restriction.
- Request that I communicate with you by alternative means, such as making records available for pick-up or mailing them to you at an alternative address, such as a P.O. Box. I will accommodate reasonable requests for such confidential communications.
- Request to review or to receive a copy of the health information about you that is maintained in my files. If I am unable to satisfy your request I will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.
 - Request that I amend the health information about you that is maintained in my files. Your request must explain why you believe my records about you are incorrect or otherwise require amendment. If I am unable to satisfy your request I will tell you in writing the reason for the denial and tell you how to contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
 - Request a list of my disclosures of your health information. This list, known as an “accounting” of disclosures, will not include certain disclosures, such as those made for treatment, payment or health care operations. I will provide you the accounting free of charge, however, if your request more than one accounting in any 12 month period, I may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, “from May 1, 2003 to June 1, 2003). I will be unable to provide you an accounting for disclosures made before April 14, 2003 or for a period of longer than six years.

In order to exercise any of your rights described above, you must submit your request in writing. If you have questions about your rights, please speak with me.

I. **To Request Information or File a Complaint**

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to me. You may complain to the Secretary of Health & Human Services (HHS) by writing to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH building, Washington, D.C. 20201; by calling 1-800-368-1019, or by sending an email to OCRprivacy@hhs.gov. You may also call the Board of Licensure Counseling Professionals at 1-207-624-8603 or in the case of substance abuse the Office of Substance Abuse at 1-207-287-2595. I cannot and will not make you waive your right to file a complaint as a condition of receiving care from me or penalize you for filing a complaint.

II. **Revisions to this notice**

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained

before the effective date of the revised Notice. If the revisions reflect material change to the use and disclosure of your information, your rights regarding such information, my legal duties or other privacy practices described in the Notice, I will promptly distribute the revised Notice, post it in the waiting area of my office and make copies available to my patients and others.

III. **Effective Date**

November 19, 2013