

# HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPPA) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective as of February 10, 2016

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" or "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I am required to abide by the terms of this Notice of Privacy Practices. I may change the terms of this Notice at any time. A new Notice will be effective for all PHI that I maintain at that time. Upon your request, I will provide you with any revised Notice of Privacy Practices. Copies of this Notice are available from accessing my website [www.therapytobewell.com](http://www.therapytobewell.com)

## **HOW I MAY USE AND DISCLOSE YOUR PHI:**

**Treatment:** I will use and disclose your PHI to provide, coordinate or manage your healthcare and any related services. This includes consultations and clinical meetings with physicians; however, I may disclose PHI to other consultants only with your written authorization.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, PHI is utilized to justify the level of care delivered to you and the charges incurred for the services. This information generally accompanies the bill and is sent to you; or, to your health insurance plan provider

or other third-party payers you have set up for payment coverage.

**Appointments and Health-Related Management and Benefits:** I may use or disclose your PHI, as necessary, to contact you to schedule an appointment or provide appointment reminders. I may also use or disclose your PHI to manage or coordinate your healthcare. I may contact you by phone or other means to provide results from clinical assessments and to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Other Permitted Uses and Disclosures:** I am also permitted to use or disclose your PHI without your written authorization for the following purposes:

- If I believe that you or someone else is in clear and imminent danger of harm, I am legally obligated to inform proper authorities and others in order to help prevent the harm from occurring.
- If you provide information indicating that someone under 18-years-old is being abused or if an animal in your care is being abused, I am legally required to notify proper authorities.
- When there is reason to believe that a disabled person or an elderly person is being sexually or physically abused or is at risk of such abuse, I am legally required to inform the proper authorities.
- In cases when a valid court order is issued for your records, I am bound by law to comply with such requests.
- I will release PHI regarding deceased patients as mandated by state law or to a family or a friend that was involved in your care or payment prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person's next of kin. PHI of persons deceased for more than 50 years is not protected under HIPAA
- If required I may disclose PHI to a health oversight agency for activities

authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations performing utilization and quality control.

- I may disclose your PHI to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat.
- For purposes of research, PHI may only be disclosed after a special approval process or with your permission.
- Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization.

#### **USES AND DISCLOSURES REQUIRING AUTHORIZATION:**

Any uses and disclosures of PHI not described in this Notice will be made only with your written authorization. You may revoke your authorization at any time provided the revocation is in writing, except to the extent when I have already taken action in reliance on your prior authorization.

#### **YOUR RIGHTS CONCERNING YOUR PHI:**

Although I will maintain and protect your medical records, you have certain rights over your PHI:

- You have the right to inspect and receive a copy of your PHI. You may inspect and/or receive a copy of your PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing, and I may charge you a reasonable fee for copying your information. You may get a copy of that information in electronic format and ask us to send it to a person or organization you identify. I am required to give you an electronic copy of your records within 15 days of your request.
- You have the right to receive confidential communications. You may submit a request in writing to me online that communications regarding your PHI be

provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You may specify how or where you wish to be contacted.

- You have the right to ask me to amend your PHI. If you believe your PHI I have created or maintained is incorrect or incomplete, you may request an amendment to your information. I may deny your request to amend information if the information was not created by me, maintained by me, or if I determine the information is accurate. You have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and provide you with a copy.
- You have the right receive record of certain disclosures made of your PHI. You may make a written request a listing of certain disclosures that I have made of your PHI to entities or persons outside of our office.
- You have the right to request a restriction on the use or disclosure of your PHI. You may request limitations on how I use or disclose your PHI. For example, you may ask me not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. Such a request must be in writing. I will consider your request but, in most cases, I am not legally obligated to agree to the restriction (e.g., if the use or disclosure is necessary in order to provide you with emergency treatment or is otherwise required by law, your PHI will not be restricted). However, I will comply with any request to restrict the disclosure of PHI to a health plan for purposes of payment or healthcare operations (not for treatment) if the PHI pertains solely to a healthcare item or service that has been paid for out-of-pocket and in full.
- You have the right to receive a paper copy of this notice upon request, even if you have e-signed this notice.
- You have the right to be notified in the event that I discover a breach of your secured PHI.

**PRIVACY CONTACT AND COMPLAINTS:**

If you have any questions or want more information about this Notice or how to exercise your privacy rights, please ask. If you believe your privacy rights have been violated, you may file a complaint with the Ohio Counselor, Social Worker and Marriage & Family Therapist Board (OCSWMFTB). I will not in any way retaliate against you for filing a complaint. You may file a complaint if you believe any licensed Counselor, Social Worker or Marriage & Family Therapist has violated the law, rules or ethical standards of practice by going online to <https://cswmft.ohio.gov/Information-for-the-Public/How-do-I-File-a-Complaint>