



PRIVACY POLICIES

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

CONFIDENTIALITY: Company understands that health information is personal and is committed to protecting health information about you. Company will create a record of the care and services which is necessary to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Company and about the ways in which it may use and disclose health information about you. Described in this notice are your rights to the health information Company keeps about you, and certain obligations Company has regarding the use and disclosure of your health information. By law Company is required to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of Company’s legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Company can change the terms of this Notice, and such changes will apply to all information Company has about you. The new notice will be available upon request and on Company website.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: The following categories describe different ways Company uses and discloses health information. Not every specific use or disclosure in a category will be listed. However, all of the ways Company is permitted to use and disclose information will fall within one of the categories:

- For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. Company may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.
- Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. Treatment includes, among other things, the coordination and



management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

- **Lawsuits and Disputes:** If you are involved in a lawsuit, Company may disclose health information in response to a court or administrative order. Company may also disclose health information about you or your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

WHEN DISCLOSURE REQUIRES YOUR AUTHORIZATION:

- Psychotherapy Notes are made and kept. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For Company use in treating you. b. For Company use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For Company use in defending Company or its employees or agents in a legal proceeding. d. For use by the Secretary of Health and Human Services to investigate compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
- As a psychotherapist, Company will not use or disclose your PHI for marketing purposes.
- As a psychotherapist, Company will not sell your PHI.

WHEN DISCLOSURE DOES NOT REQUIRE YOUR AUTHORIZATION: Subject to certain limitations in the law, Company can use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order.
- For law enforcement purposes, including reporting crimes occurring on Company premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.



- For workers' compensation purposes. In order to comply with workers' compensation laws.
- Appointment reminders and health related benefits or services. Company may use and disclose your PHI to contact you to remind you that you have an appointment with me. Company may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that are offered.

CERTAIN USES AND DISCLOSURES REQUIRING YOUR OBJECTION: Company may provide your PHI to a family member, friend, or other person that you provide consent to be involved in your care or the payment for your health care. The opportunity to consent may be obtained retroactively in emergency situations.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Company not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Company is not required to agree to your request if Company believes it would affect your health care.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- The Right to Choose How Company Send PHI to You. You have the right to ask Company to contact you in a specific way or to send mail to a different address, and Company will agree to all reasonable requests.
- The Right to See and Get Copies of Your PHI. Other than psychotherapy notes, you have the right to get an electronic or paper copy of your medical record and other information. Company will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and may charge a reasonable fee for doing so.
- The Right to Get a List of the Disclosures Made. You have the right to request a list of instances in which Company has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization. Company will respond to your request for an accounting of disclosures within 60 days of receiving your request. This list will include disclosures made in the last six years unless you request a shorter time. Company will provide the list to you at no charge, but if you make more than one request in the same year, Company may charge you a reasonable fee for each additional request.
- The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Company correct the existing information or add the missing information. Company may reject your request, but will inform you why in writing within 60 days of receiving your request the reasons.



• The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice and get a copy by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Use of Client Information for Billing

Client information may be used to process payments for sessions, including sharing necessary details such as but not limited to dates/times of service, diagnosis, location and payment history. In the event of a billing audit, relevant client information may be shared as required while maintaining efforts to protect confidentiality.

Incapacitation or Death of Clinician Statement

In the event that Company or clinician becomes incapacitated or deceased, an executor of the professional and personal will may access client records solely for the purpose of notifying clients of the change in care and providing information about possible treatment options. Every effort will be made to maintain confidentiality and minimize disruption to clients during this process.

Acknowledgement of Receipt of Privacy Policies

By signing below, I certify:

- That I have read or had this form read and/or explained to me.
- That I fully understand its contents including the risks and benefits of telehealth.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature: _____

Print Name: _____

Date: _____