



## Notice of Privacy Practices

This document contains important information about how I create, communicate, and safeguard your protected health information - or PHI. Your privacy is of utmost importance to me, and I am committed to safeguarding your PHI.

It is important that you read this document carefully and present any questions that you have prior to, or during our first session. Signing this document means that you have read and agree to this policy in its entirety.

### **I AM REQUIRED BY LAW TO:**

- Safeguard the privacy of protected health information (PHI) that identifies you.
- Provide this notice of my legal duties and privacy practices with respect to PHI.
- Follow the terms of this notice so long as it is currently in effect.
- Notify you in the event any part of this notice changes. In the event of such a change, you will be provided with a new Notice of Privacy Practices document. This new privacy policy will have immediate effect.

### **THE PHI THAT I GENERATE**

I will create brief records of therapeutic services provided for each session as required by law. I will also keep brief records of any applicable non-treatment occurrences. These records will contain as little confidential information about you and your treatment as is reasonable to protect your privacy. These records will be stored securely via an approved electronic medical records service to protect your right to privacy.

***Generally, your PHI cannot be disclosed without your specific written consent. There are some exceptions to this. These are the kinds of situations where your PHI may be shared without your consent. You will be notified any time your PHI is disclosed regardless of the reason.***

### **MINORS**

If you are under 18 years of age, your parent(s) / guardian(s) are legally entitled to access to your medical records. I will discuss with you and your parent(s) / guardian(s) what information is appropriate for them to receive and which issues are more appropriately kept confidential. I encourage parent(s) / guardian(s)

discuss pertinent information as a group during a session when needed, rather than viewing medical records to gain information about your mental health and treatment. In any instance when a parent/guardian does request records, I will notify you.

**FOR TREATMENT OR HEALTH CARE OPERATIONS:**

Federal privacy regulations allow health care providers who have a 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. This includes the treatment activities of any other health care provider to that patient. Disclosures for treatment purposes are not limited to the minimum necessary standard. The word "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.

**HEALTH INSURANCE, PAYMENT, AND MEDICAL OVERSIGHT**

Your insurance company requires that private health information be released to them in order to secure payment. Information will be released to them in the form of diagnosis, prognosis, treatment plan, and progress notes. In addition, your insurance company retains the right to review your chart for quality assurance purposes. You always have the right to pay for services yourself and not use your insurance coverage. This eliminates the restrictions and limitations imposed by some insurance companies and further protects your private health information.

I may be required to disclose certain PHI for health oversight activities, including audits and investigations. I am entitled to use PHI to the minimum necessary standard in seeking and processing payment for services rendered.

**PUBLIC HEALTH REASONS:**

I may disclose your PHI for legally required public health activities, including (but not limited to) reporting suspected child, elder, or vulnerable adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

**LEGAL ACTIONS, LAWSUITS, AND DISPUTES:**

I may disclose health information as required by law in response to a court or administrative order, subpoena, discovery request, or other lawful process. I may also disclose PHI for law enforcement purposes, including reporting crimes occurring on my premises.

## **YOUR RIGHTS REGARDING YOUR PHI**

- **The Right to Request Limits on Uses and Disclosures of Your PHI.**  
You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may refuse if I believe it would negatively 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 I Send PHI to You.**  
You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- **The Right to See and Get Copies of Your PHI.**  
You have the right to get an electronic or paper copy of your medical record and other information that I have about you. I 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 I may charge a reasonable, cost-based fee for doing so.
- **The Right to Get a List of the Disclosures I Have Made.**  
You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge a reasonable cost-based 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 I correct the existing information or add the missing information. I may decline your request, but I will tell you why in writing within 60 days of receiving your request.
- **The Right to Get a Paper or Electronic Copy of this Notice.**  
You have the right get a copy of this Notice via email or paper, by request.



**By signing my name below, I am agreeing that I have read, understood, and agree to the terms contained in this document.**

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Responsible Party Printed Name

\_\_\_\_\_  
Relationship to Client