

Notice of Privacy Practices

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on **1/27/25**.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION: I understand that health information about you and your health care is personal. I want you to know that I am committed to protecting health information about you. I have attended numerous trainings and have done research in regards to ways to best protect your health information. I create a record of the care and services you receive from me. I need this record 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 this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

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

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am 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 a direct treatment relationship with the client to use or disclose the client's personal health information without the patient's written authorization, to carry out treatment, payment, or health care operations. For example, SimplePractice, is the HIPAA compliant electronic healthcare record I utilize for carrying out administrative tasks where I use and disclose your PHI. For payment, SimplePractice uses Stripe to process card payments which then has access to your PHI. Licensed Mental Health Counselors can also provide PHI to insurance companies in regards to collecting payment. I use HIPAA compliant iPlum for phone communication which has access to your PHI. I may disclose your protected health information for treatment activities. For example, I have another licensed mental health counselor whom I seek supervision from as needed, whom may have access to your PHI. This same licensed mental health counselor is my Custodian of Records (takes over my clients' care in the event that I become incapacitated/pass away) who would have access to your PHI for treatment purposes. This same licensed mental health counselor is also my primary Covering Clinician whom you may seek their services when I may be away for a length of time. If I consult with any other mental health professionals, a scenario may be given but your name or other identifying information is not used. If I obtain your written authorization, I can collaborate with your primary care doctor, or other providers outside of my practice that you may want me to collaborate with for your care.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court, administrative order, subpoena, discovery request, or other lawful process, but only after efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** The Privacy Rule defines psychotherapy notes as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the patient's medical record. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my 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 my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my 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.
2. **Marketing Purposes.** As a Licensed Mental Health Counselor, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a Licensed Mental Health Counselor, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. 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.
2. 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, including your own.** I am legally a mandated reporter and I also have a duty to warn. If you make an explicit threat to kill or inflict serious bodily injury upon an identified person or yourself, and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. This may include warning the potential victim, notifying law enforcement, and/or arranging for you to be evaluated/hospitalized. I may contact members of your family or other individuals if it would assist in protecting you.
3. For health oversight activities, including **audits and investigations.**
4. For judicial and administrative proceedings, including responding to a **court or administrative order**, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including **reporting crimes occurring on my premises.**
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 patients 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. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. **Appointment reminders and health related benefits or services.** I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
11. **Business Associates:** Business associates are entities that will obtain access to your PHI. They may view, use, or transmit your PHI on my behalf. I have entered into Business Associate Agreements with them to keep your PHI confidential. They are prohibited from re-disclosing your PHI unless you give them written consent, or unless law requires disclosure. I have a Business Associate Agreement with SimplePractice, iPlum, and Google Workspace. These entities will have access to your PHI.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, as long as it is pertaining to care or payment they are involved in, and you have given me permission.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **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 say "no" if I believe it would affect your health care.
2. **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.
3. **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.
4. **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 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.
5. **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 30 days of receiving your written 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 you a reasonable cost based fee for each additional request.
6. **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 say "no" to your request, but I will tell you why in writing within 30 days of receiving your written request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Please Note: I retain all records related to your treatment for a period of seven years after your last contact with me. In Massachusetts, if you are a minor during treatment, then records are retained for at least one year after age of majority.

HIPAA Breach: I will report any known breach of confidentiality of your PHI to you.

If you are ever concerned about your privacy rights, please communicate any concerns to me so we can hopefully resolve any issues.

If you believe your privacy rights have been violated, you always have the right to file a complaint by phone, mail, or online with the U.S. Department of Health and Human Services, Office for Civil Rights:

Office for Civil Rights

U.S. Department of Health and Human Services

Government Center

J.F. Kennedy Federal Building - Room 1875

Boston, MA 02203

Tel: (617) 565-1340

Fax: (617) 565-1491

TDD: (617) 565-1343

email: ocrmail@hhs.gov

site: hhs.gov/ocr/complaints/index.html

You will not be retaliated against for filing a complaint.

Acknowledgement of Receipt of Privacy 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. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.