



## **Notice of Privacy Practices**

THIS DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

The law requires that we protect the privacy of your Protected Health Information and that we give you a Notice of our legal duties and privacy practices with respect to PHI. PHI contains information that may identify your past, present or future physical or mental health conditions or healthcare services. This Notice explains how we can use or disclose the PHI in providing treatment, managing healthcare operations and for other specific purposes permitted or required by law.

Protected Health Information includes:

- Information we place in your file
- Conversations your therapist has about your care or treatment with other providers
- Information about your health and healthcare in our computer systems

This Notice also explains your health information privacy rights. The privacy practices described in this Notice will be followed by our entire workforce (employees, volunteers and contractors). We will not use or disclose your PHI without your written authorization, except as described in this Notice.

### **Your Health Information Privacy Rights**

1. Receive the Notice of our Privacy Policies (this Notice) that tells you how your health information may be used and shared.
2. Inspect and obtain a copy of your health records. You can ask to see and get a copy of your PHI. You will need to make a formal request including your signature and date. You may be charged a fee for the copy of copying and mailing necessary to fulfill your request. We may deny your request to request to inspect and obtain a copy of your PHI in certain limited circumstances. For example, if your therapist decides something in your file might endanger you or someone else, the therapist may not give this information to you. You have the right to appeal the denial.
3. Amend your health information. You may request that we amend any incorrect or incomplete PHI that we maintain about you. For example, if WE BOTH AGREE that your file has the wrong test result, we will change it. In certain cases, we may deny your request for amendment. If we deny your request for amendment you have the right to disagree with our decision.
4. Authorize disclosure of your PHI. In general, your health information including psychotherapy notes will not be given to your employer, used or shared for things like sales calls or advertising,





or used or shared for many other purposes unless you give your permission by signing an authorization form.

5. Request a report on how we disclosed your health information. Under the law, your health information may be used and shared for particular reasons, like making sure we give good care, or making required reports to the police, such as reporting gunshot wounds. You can request a list of all non-authorized disclosures and who your health information has been shared with.
6. Request to be contacted at different address or in a different way than we contact you now. You have the right to ask us to contact you about your PHI at a different address or in a different way than we contact you now. For example, you can request to be contacted at your office rather than your home. These requests are often made when a person feels his or her health or safety is in danger if PHI is sent to his or her home address. We will do our best to accommodate your requests.
7. Request restrictions on certain use or disclosure of PHI. You can request additional restrictions on the use or disclosure of your PHI. However, we are not required to agree with your request for additional restrictions.
8. Ask for additional information of file complaints. If you believe your health information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a complaint with us or with the U.S. Government. The Notice tells you who to talk to and how to file a complaint.
9. You have the right to opt out of our fundraising communications if we engage in those.
10. You have the right to be notified about data breaches of your unsecured PHI.

We ask that you exercise your rights in writing. We offer forms to help you exercise your privacy rights and to help us protect your health information.

### Reasons and Examples of How we may use or Disclose your PHI

1. Treatment. So you can get the medical and psychological care that you need. For example, we may share your information with your doctor so that they can give you medical care and the right medicine.
2. Operations. So that we can perform our duties. For example, we may use or share your information to assess quality of care, conduct training or to manage your care. We may also disclose PHI to an oversight agency in course of audits, complaint investigations and inspections necessary for our licensure, to satisfy government monitoring activities and regulatory compliance.
3. To comply with the law. We may share your medical information to comply with legal proceedings, or in response to valid court or administrative order or subpoena. Court reports would fall under this criteria.
4. We may disclose PHI to support law enforcement (e.g. government authority such as police, social services) to protect someone's health and safety (e.g. victims of abuse, domestic violence);





5. We will use our professional judgment and may share information with a family member, relative, personal representative or other person responsible for your care about your general condition and location;
6. So a personal representative you appoint or a court appoints for you can help you get health benefits;
7. To support research as long as the privacy and security of PHI is ensured;
8. So a coroner or medical examiner can identify a deceased person or cause of death or so a funeral director can arrange a burial;
9. To protect you against a serious threat to your health or safety or the health or safety of others;
10. To support a government agency overseeing health care programs. For example, we may disclose your PHI to Food and Drug Administration to enable investigations, drug/product recalls and replacements;
11. We may disclose your PHI as authorized or necessary to comply with worker's compensation laws or other similar programs;
12. For lawful national security purposes including intelligence or national security activities;
13. For public health purposes to prevent or control disease; and
14. For military purposes, if you are a member of the armed forces.

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or as otherwise permitted by law e.g. marketing, sale of PHI. You will be able to revoke this authorization at any time.

### **Changes to this Notice**

We reserve the right to change this Notice and to make the revised Notice effective for all health information we create or maintain. Upon request we will make the revised Notices available to you. The revised Notices will be posted.

### **For More Information or to Report a Problem**

If you have questions and would like to obtain additional information about our privacy practices, please contact us at \_\_\_\_\_. If you believe your privacy rights have been violated, you may file a complaint with us or with the Office for Civil Rights, U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

The Notice of Privacy Practices is effect as of March 18, 2018.

