



Content created by Crafting Balance, LLC officials for the Description of Privacy Rights (HIPAA)  
Content last reviewed May 1, 2024

**This notice describes how health information may be used and disclosed, and how you can access this information. Please read it in its entirety.**

### **I. OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that health information about you and your health care is personal. We are committed to protecting this information. We create a record of the care and services you receive from us to provide you with quality care and to comply with legal requirements. This notice applies to all records of your care generated by this mental health care practice. It explains how we may use and disclose health information about you, your rights regarding this information, and our obligations concerning its use and disclosure.

We are required by law to:

- Ensure that protected health information (PHI) that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices regarding health information.
- Follow the terms of the notice that is currently in effect.

We can change the terms of this notice, and such changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.



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

The following categories describe different ways we use and disclose health information. For each category, we will explain what we mean and provide examples. Not every use or disclosure in a category will be listed, but all permitted uses and disclosures will fall within one of these categories.

- For Treatment, Payment, or Health Care Operations:** Federal privacy rules allow health care providers with a direct treatment relationship with the patient/client to use or disclose personal health information without the patient's written authorization for their own treatment, payment, or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider, also without your written authorization. For example, if a clinician consults with another licensed health care provider about your condition, we are permitted to use and disclose your personal health information to assist in the 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 complete information to provide quality care. The term "treatment" includes, among other things, coordinating and managing care with a third party, consultations between health care providers, and referrals from one provider to another.
- Lawsuits and Disputes:** If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about 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 inform you about the request or to obtain an order protecting the information requested.



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### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

Psychotherapy Notes: We keep "psychotherapy notes" as defined in 45 CFR § 164.501. Any use or disclosure of these 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 related 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.
- (i) Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- (j) Sale of PHI: As a psychotherapist, I will not sell your PHI in the regular course of my business.



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

Subject to certain limitations in the law, we 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. Although my preference is to obtain your authorization before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- 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. Although my preference is to obtain your authorization, we may provide your PHI to comply with workers' compensation laws.
- For appointment reminders and health-related benefits or services. We may use and disclose your PHI to contact you about appointment reminders and to inform you about treatment alternatives or other health care services or benefits that we offer.



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

- Disclosures to Family, Friends, or Others: We may provide your PHI to a family member, friend, or other person you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. In emergency situations, consent may be obtained retroactively.



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## VI. 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 us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may deny it if we believe it would affect your health care.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid 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 service that you have paid for out-of-pocket in full.
- The Right to Choose How We Send PHI to You:** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We 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 we have about you. We will provide you with a copy of your record, or a summary if you prefer, within 30 days of receiving your written request. We may charge a reasonable, cost-based fee for this service.
- The Right to Get a List of the Disclosures We Have Made:** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter period. We will provide this list at no charge, but if you make more than one request in the same year, we may charge a reasonable, cost-based fee for each additional request.
- The Right to Correct or Update Your PHI:** If you believe there is a mistake in your PHI or that important information is missing, you have the right to request that we correct the existing information or add the missing information. We may deny your request, but we will provide a written explanation within 60 days of receiving your request.
- The Right to Get a Paper or Electronic Copy of This Notice:** You have the right to receive a paper copy of this Notice, and you may also request an electronic copy by email. Even if you have agreed to receive this Notice via email, you also have the right to request a paper copy.