

## Notice of Privacy Practices

**This notice describes how treatment information about you may be used and disclosed and how you can get access to this information. Please read and review it carefully.**

This is a copy of my privacy practices, which you attest to reading and understanding when you provide consent for treatment. Please keep this copy for your records. I am required by law to keep your protected health information, or PHI, private. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your PHI.

These practices and associated policies are subject to change. Any changes made would apply to all information, including that which was created or received prior to the date of such change. Should they change, I will provide you with an updated copy of this notice. You may also request a copy at any time.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

1. **Treatment:** I may use and disclose your PHI to other clinicians involved in your care in order to better provide integrated treatment to you. For example, I may discuss your diagnosis and treatment plan with your psychiatrist or nurse practitioner. In addition, I may disclose your PHI to other health care providers in order to provide you with appropriate care and continued treatment. I may also contact you with appointment reminders or to inform you of new services that might benefit you.
2. **Payment:** I may use or disclose your PHI for the purposes of determining coverage, billing, claims management, and reimbursement. For example, a bill sent to your health insurer may include some information about our work together so that the insurer will pay for the treatment. I may also inform your health plan about a treatment you are going to receive in order to determine whether the plan will cover the treatment.
3. **Health Care Operations:** I may use and disclose your PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For, example, I may disclose disguised information about our work for training purposes.
4. **Required or Permitted by Law:** I may use or disclose your PHI when I am required or permitted to do so by law. For example, I may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes; and in accordance with laws governing child abuse/neglect and/or elder abuse/neglect. Additionally, I may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access your PHI; disclosures to judicial and law enforcement officials in response to a court order, subpoena, or other lawful process; disclosures for research if you've provided informed consent to participate in that research; disclosures for workers' compensation claims, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.
5. **Family and Other Persons Involved in Your Care.** I may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) your personal representative, or another person responsible for your care, location, general condition, or death. If you are present, then I will provide you with an opportunity to object prior to such uses or disclosures. In the event

of your incapacity or emergency circumstances, I will disclose your PHI consistent with your prior expressed preference, and in your best interest as determined by my professional judgment. I will also use my professional judgment and my experience to make reasonable inferences of your best interest in allowing another person access to your PHI regarding your treatment with me.

6. **Minimum Necessary Standard.** When using or disclosing PHI, I will restrict the use or disclosure to the minimum necessary to accomplish the use or disclosure.

#### **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

1. Except as described in this Notice, I will not use or disclose your PHI without your written authorization. If you do authorize me to use or disclose your PHI for another purpose, your authorization remains valid for six months from the date of signing. You may revoke your authorization at any time.

#### **YOUR HEALTH INFORMATION RIGHTS**

1. **Restrictions.** You have the right to ask for restrictions on certain uses and disclosures of your PHI. Such requests must be made in writing. When there is an issue of safety to you or another person, I do not have to comply with the request.
2. **Right to Alternative Communications.** You may request, and I will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. There may be a charge to obtain this information.
3. **Right to Inspect and Copy.** You may request access to your medical records and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you. Any request for access will receive a written reply from me no later than 30 days after receipt of the request.
  - a. **Psychotherapy Notes.** As an exception to the above right and pursuant to federal law you do not have a right of access to inspect and obtain a copy of your Psychotherapy Notes. Psychotherapy Notes are defined by federal law as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy Notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
4. **Right to Request Amendment:** You have the right to request that I amend your PHI. Your request must be in writing, and should explain why the information should be amended. I may deny your request under certain circumstances.
5. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of disclosures of your PHI made by me in the last six years, subject to certain restrictions and limitations.
6. **Right to Receive Notification of a Breach.** I am required to notify you in writing if I discover a breach of your unsecured PHI, according to requirements under federal law. I will provide you with this written notification without unreasonable delay and in no case later than 60 calendar days after the breach is discovered. The notification will be written in plain language and include, to the extent possible: A brief description of what happened, including the date of the breach; A description of the types of unsecured protected health information that were involved in the

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breach; Any steps you should take to protect yourself from potential harm resulting from the breach; A brief description of what I am doing to investigate the breach, to mitigate harm, and to protect against any further breaches; and my contact information.

**Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, please contact me at (769) 206-0020. You may also file a formal complaint with the Director of the Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint.

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