

HIPAA Notice of Privacy Practices

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

I create a record of the services you receive from me in order to provide you with quality care and comply with applicable legal requirements. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA). It also describes your rights regarding how you may access and control this information.

I am required by law to maintain the confidentiality of your PHI and to provide you with this Notice about my legal duties and privacy practices with regard to your PHI. I am required to abide by the terms of this Notice while it is in effect. I reserve the right to amend, change, or eliminate provisions in my privacy practices and the terms of this Notice at any time, providing such changes are permitted by applicable law. The revised policies in my privacy practices will be effective for all health information that I maintain at that time, including health information that I created or received before I made the changes. In the event that I make significant changes in my privacy practices I will provide you with a copy of the revised Notice of Privacy Practices by either posting a copy on my website, sending a copy to you in the mail upon request, or providing one to you at your next appointment. You may request a copy of this Notice at any time by contacting me or my office.

How I May Use and Disclose Protected Health Information About You

The following categories describe different ways that I may use or disclose health information about you. Unless otherwise noted each of these uses and disclosures may be made without your permission. Federal privacy rules allow health care providers (me) who have a direct relationship with a patient (you) to use or disclose the patient’s PHI without the patient’s written authorization for the purpose of treatment, payment, and health care operations as follows:

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This may include consultations with other health care professionals or treatment team members.

For Payment: I may use and disclose your PHI to bill and collect payment for the treatment and services I provide to you. For example, I may disclose your PHI to insurance companies, billing companies, claims processing companies, and claims collection agencies. If your health plan requests a copy of your health records, or a portion thereof, to determine whether or not payment is warranted under the terms of your policy, I am permitted to disclose your PHI.

For Health Care Operations: I may use and disclose your PHI in connection with the operation of my practice. This may include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities, and if operational and technical assistance needs arise with practice management and record storage software. If your health plan decides to audit my practice and/or review my competence, your records may be used to disclosed.

Other Disclosures that Do Not Require Authorization

The following is a list of disclosures permitted by HIPAA that do not require your authorization. The list is not an exhaustive list but informs you of most circumstances when disclosure without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization as follows:

Appointment reminders and health related benefits or services: I may contact you by leaving you a voicemail or sending an email to provide appointment reminders or to give you information about treatment alternatives, or other health care services or benefits that we offer.

Workers compensation: If you are seeking compensation through Workers Compensation, we may disclose your health information to the extent necessary to comply with laws relating to workers' compensation.

Judicial and Administrative Proceedings: I may disclose your PHI pursuant to a subpoena, court order, administrative order, or other similar process.

Adjudication: If disclosure is compelled by a board, commission or administrative agency for purposes of adjudication pursuant to its lawful authority. In the event that you bring any public charges against me or my practice, I may disclose information about your treatment in order to address any allegations

Abuse/Neglect: We may disclose your health information to public authorities as allowed/required by law to report suspected abuse or neglect of a child, elder or dependent adult.

Public Safety: To avert a serious threat to your own health or safety or the health or safety of others, we may disclose your PHI to prevent or lessen a serious, imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Public Health: We may disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises. For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Medical Emergencies: I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.

For health oversight activities. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. For example, The Board of Behavioral Health Examiner is an example of a health oversight agency.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Compliance: If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the "Privacy Rule.")

As Required By Law: We will disclose health information about you when required by federal, state, or local law.

Your Authorization

In addition to my use of your health information for treatment, payment or healthcare operations, you may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me an authorization, you may revoke it in writing at any time, except to the extent that we have already made a use or disclosure based upon your authorization. Unless you give me a written authorization, I cannot use or disclose your health information for any reason except those described in this Notice.

The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Your Rights Regarding Protected Health Information (PHI)

Right to Inspect and Copy. You have certain rights to look at and receive a copy of information in our records. You may also request that a copy of your PHI be provided to another person. Please note that certain types of PHI will not be made available for inspection and copying, which may include psychotherapy notes or PHI I collect in connection with a legal proceeding. Third party records in your file (i.e. doctors, other professionals, and references) have the right to

confidentiality, and will not be released by this office unless ordered to do so by law. Please contact those professionals directly for records. You must submit a written request with a signature and an appropriate address in order for records to be released to you. I will respond to you within 10 days of receiving your written request. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or someone else. In this circumstance, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. If you request paper copies of your PHI, I will charge you \$0.25 for each page in addition to postage costs and billing for my time (at my hourly rate of \$130/hr) for expenses such as copy/preparation time. If your records are maintained electronically, you may also request an electronic copy of your PHI. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

The Right to Amend. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 30 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (a) Correct and complete, (b) not created by me, (c) not allowed to be disclosed, and/or (d) not a part of my records. My denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it and tell others that need to know about the change.

The Right to Accounting of Disclosures. You have the right to a list of instances which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to such as those named for treatment, payment, or health care operations directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel or disclosures made before June 1st, 2020.

The Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction. If I do agree, I will maintain a written record of the agreed upon restriction and abide by them except in emergency situations.

The Right to Request Confidential Communication. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. You must make this request in writing; I will agree to your request so long as it is reasonable for me to do so; Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

You have a right to provide an authorization for other uses and disclosures of your PHI. I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by law. I am not required to agree to any of your requests stipulated above, particularly if the law prevents acceptance. However, if I do agree, I am bound by our agreement except when otherwise required by law, or when the information is necessary to treat you.

Breach Notification. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice. You have the right to a copy of this notice and may request it at any time.

If you wish to exercise any of the above rights, please contact the Privacy Officer, Jessica Byrd, LCSW at (928-719-0009). She will provide you with assistance on the steps to take to exercise your rights.

QUESTIONS/COMPLAINTS: If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the Privacy Officer Jessica Byrd, LCSW at 928-719-0009. I ask that all complaints are submitted to me in writing. Additionally, if you believe your privacy rights have been violated, you may file a written complaint with the Secretary of the Department of Health and Human Services. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

The effective date of this Notice is May 1st, 2022.

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

My signature on the "Consent to Treat" documents that I have read all of the information contained herein and have had the opportunity to have any questions answered to my satisfaction.