

Notice of Privacy Practices

Your Information, Your Rights, My Responsibilities



When it comes to your health information, you have certain rights.

This section explains your protected health information (PHI) and your rights.

PHI is information I have collected in my records from you or received from other health care providers or health plans. It may include information about your past, present or future physical or mental health or condition. It could include your diagnosis, treatment plan or evaluations.

To ask me to limit what I use or share

You have the right to request a restriction on my use or sharing of your PHI for treatment, payment or healthcare operations. You may also request that I limit the PHI I disclose to family members, friends or a personal representative who may be involved in your care. You may request a restriction by making your request in writing, including: what PHI you want to limit and to whom you want the limits to apply. Except as described in this Notice, it is my practice to obtain your authorization before I disclose your PHI to another person or party. If you are receiving counseling, Pennsylvania law states that you are entitled to inspect the PHI before it is released. You may revoke an authorization, at any time, in writing. If you revoke an authorization, I will no longer use or disclose your PHI. However, I cannot undo any disclosures I have already made.

To request confidential communication

You have the right to request that confidential communications from me be sent to you in a certain way or at an alternative location. For example, you can ask that I only contact you at your home or by mail. I will accommodate reasonable requests. Please make this request in writing specifying how or where you wish to be contacted.

To inspect and copy your record

You have the right to inspect and obtain a copy of your PHI that is contained in my records. However, you may not inspect or copy the following records: psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding. In addition you may be denied access to your PHI if: it was obtained from a person under a promise of confidentiality; or disclosure is likely to endanger the life and physical safety of you or another person. A decision to deny access may be reviewed. To inspect and copy your PHI, submit your request in writing

To ask me to correct your record

If you believe the PHI that I have collected about you is incorrect, you have the right to submit a written statement rebutting information in my records that you believe is erroneous or misleading. You also have the right to request an amendment of the PHI maintained in my records. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information contained in your PHI that: was not created by me; is not subject to inspection or copying; or is accurate and complete.

To get a list of people I've shared your information

You have the right to request an "accounting of disclosures." This is a list of the disclosures I have made of PHI about you. I am not required to account for disclosures related to: treatment, payment or my health care operations; or disclosures to you, to family members, or to your personal representative involved in your care or for notification purposes.

To a copy of this Notice

You have the right to receive a paper copy of this Notice. It is also available on my website.

To file a complaint

If you are not pleased with your care or feel your PHI was not kept confidential, you may officially file a grievance with me. I will work with you to address your questions, concerns and complaints. The HIPAA Privacy Regulations also entitle you to file a complaint with the U.S. Secretary of Health and Human Services. To file a complaint with me a complaint problem form will be provided to assist you. I will not retaliate against you for filing a complaint.



How I may use or share your PHI without your authorization.

Unless prohibited by more stringent PA mental health laws, HIPAA Privacy Regulations permits me to use and disclose your PHI for the following purposes in order to provide your treatment.

For treatment

- It is necessary for me to use your PHI to care for you. For example, I may need to share your PHI with a case manager who is responsible for coordinating your care. I may disclose your PHI to another health care provider (e.g., your psychiatrist or primary care physician) for your treatment. When you are referred to another provider I am permitted to provide your PHI if it is necessary for the continuity of your care and treatment.

For payment

- I will use and disclose your PHI to obtain payment for my services. Before you receive services, I may disclose PHI to your insurance company, health plan, or other third party payers to permit them to: make a determination of eligibility or coverage; review the medical necessity of your services; review your coverage; or review the appropriateness of care or my charges. I will also use your PHI for billing, claims management, collection activities and data processing. For example, a bill may be sent to you or whoever pays for your services. The bill may include PHI that identifies you as well as your diagnosis and procedures used in the course of your treatment.

Health care operations

- I may use and disclose your PHI within the company in order to carry out my health care operations. For example, your PHI is used for business management and general administrative duties and to manage your treatment and services.

Contact you

- I may contact you to provide appointment reminders through texting, phone calls or email. If you do not wish to be contacted in these ways, please inform me and I will respect your wishes.

Uses and disclosures that may be made without your authorization, but subject to your opportunity to agree or object.

Your opportunity to agree or object to certain uses and sharing

- It is my practice to obtain your written authorization prior to disclosing PHI to another person or party. However, as described in this section, it may be necessary to disclose your PHI without your written authorization. Under these circumstances, the HIPAA Privacy Regulations permit me to use or disclose PHI when you are present and have the capacity to make health care decisions if I obtain your agreement, provide you with an opportunity to object (and you do not express an objection), or I can reasonably infer from the circumstances, based upon my professional experience, that you do not object. If you are not present or the opportunity to obtain your agreement or objection cannot practicably be obtained due to your incapacity or an emergency, then I may in the exercise of professional judgment determine whether the disclosure is in your best interests and, if so, disclose only PHI that is directly relevant to that person's involvement.

Family members and others involved in your care

- Subject to your opportunity to agree or object, I may share your PHI with a family member, other relative, close personal friend, or a person you identify as your personal representative. The PHI shared with your personal representative will be directly relevant to your personal representative's involvement with your care or payment for services. For example, your personal representative may act on your behalf by picking up forms for you.

Notification

- Subject to your opportunity to agree or object, I may use or disclose PHI to notify, or assist in the notification of (including identifying or locating), a personal representative of your location, general condition or death. This could include notifying a disaster relief agency to assist in disaster relief efforts. Only specific information pertinent to the relief effort and the emergency may be released without your authorization.

Other permitted uses and sharing that may be made without your authorization.

Comply with the law

- I will disclose PHI about you when required to do so by federal or Pennsylvania law. For example, I am required to report or disclose PHI related to child or elder abuse or neglect and commitment proceedings authorized by the Pennsylvania Mental Health Procedure Act of 1966.

Emergencies

- I may use or disclose your PHI in an emergency treatment situation when use and disclosure of the PHI is necessary to prevent serious risk of bodily harm or death to you.

Public Health

- If required by federal or Pennsylvania law, I will disclose your PHI for public health activities in order to: prevent disease, injury or disability; report deaths; report child abuse or neglect; report reactions to medications; notify a person who may be at risk for contracting or spreading a disease or condition; or notify appropriate government authorities if I believe a patient has been the victim of abuse, neglect or domestic violence, when required to do so by law or with your agreement. Only specific information required by law may be disclosed without your authorization.

Audits

- If required by law, I may use or disclose PHI about you to your insurance company to preform audits for quality assurance of your treatment.

To avert a serious threat to health or safety

- The HIPAA Privacy Regulations permits me to use and disclose PHI about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, I will only disclose health information to someone who is able to help prevent or lessen the threat. However, more stringent Pennsylvania laws require me to exercise reasonable care to warn another person if you communicate a specific and immediate threat of serious bodily injury against a specific person or readily identifiable person. **Confidentiality of HIV-Related Information:** Pennsylvania laws may provide greater protection for PHI related to HIV as provided for in 35 P.S. §7601 ET. Seq. I will comply with Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI in relation to HIV cases.

Disclosures in legal proceedings

- I am not permitted by Pennsylvania law to disclose PHI regarding mental health in response to a Pennsylvania subpoena, unless a court or administrative agency issues me a court order to release your PHI. I am required to make a good faith effort to notify you by certified mail at your last known address that I disclosed your PHI pursuant a court order.

Law enforcement activities

- I am not permitted by Pennsylvania laws to disclose PHI regarding mental health to law enforcement agencies or officials except pursuant to a court order or in special circumstances required by law. For example, I may disclose the minimum necessary PHI to report a death or criminal conduct on business premises.

Special situations

- Subject to more stringent federal or Pennsylvania laws, I am permitted to disclose PHI related to: military and veterans agencies; national security; inmates or if you are under the custody of a law enforcement official; a coroner or medical examiner to identify a deceased person or determine the cause of death; or to a funeral director as necessary to carry out their duties.

I am required by law to maintain the privacy and security of your protected health information. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Changes to the Terms of this Notice: I can change the terms of this notice. The new notice will be given to all clients after changes are made.

Client Name _____

Client Signature _____

Date _____

Parent/Guardian Signature _____

Date _____