



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Effective Date: 06/01/2017

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. 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 we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

Heckler Integrative Psychiatric Care, LLC collects health information and stores it in an electronic health record (EHR). We use Kareo web-based EHR. This electronic health record is a commonly used product that meets industry standards for safeguarding health information. Each provider must enter a username and password to access your record.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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. We may disclose your health information to doctors, nurses, technicians, students, or other health care personnel who are involved with your care. This may include pharmacies, labs, hospitals, imaging agencies, and other medical providers who are treating you. We may disclose PHI to family or other consultants only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality improvement activities, business planning and management functions, employee review activities, licensure and accreditation activities, and to obtain audit, accounting, or legal services. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our office. If you do not answer, I may leave a non-detailed information on your answering machine, voicemail, email, or via text message.

Notification and Communication with Family. I do not routinely communicate with family members about your care. If I consider a situation to be urgent, I will contact any person you have specifically given me written permission to contact first. I may

disclose your health information to notify or assist a family member, personal representative, or other responsible person about your location, general condition, or, unless you have instructed me otherwise, in the event of your death. In the event of a disaster, I may disclose information to a relief organization so they may coordinate notification efforts. I may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, I will give you the opportunity to object prior to making these disclosures, although I may disclose this information in a disaster even over your objection if I believe it is necessary to respond to the emergency circumstances.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, or to local, state and federal authorities in accordance with law.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

- **Child or Dependent Adult Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect of children or dependent adults.
- **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- **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. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- **Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- **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.
- **Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- **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.
- **Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
- **Public Health.** If required, we may use or 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.
- **Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and 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.
- **Workers' Compensation.** We may disclose your health information as necessary to comply with Workers' Compensation law. This may include periodic reports to your employer about your condition. I am also required by law to report cases of occupational injury or illness to the employer or Workers' Compensation insurer.
- **Change of Ownership.** In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies be transferred to another provider or medical group.
- **Breach Notification.** In the case of a breach of unsecured protected health information, I will notify you as required by law. If you have provided me with a current email address, I may use email to communicate information related to the breach. In some circumstances, our business associates may provide the notification. I may also provide notification by other methods as appropriate.
- **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following 1) use by the originator of the notes for your treatment, 2) to defend myself if you sue me or bring some other legal proceeding, 3) if the law requires me to disclose the information to you or the Secretary of HHS or for some

other reason, 4) in response to health oversight activities concerning your therapist, 5) to avert a serious and imminent threat to health or safety, or 6) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose therapy notes, I will stop using or disclosing these notes.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. 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 YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our office.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. 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 if the information is contained in separately maintained psychotherapy notes. You may also request that a copy of your PHI be provided to another person.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Office Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If your records are maintained electronically, you may also request an electronic copy of your PHI.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. This right does not apply to disclosures made for purposes of treatment, payment, and health care operations or disclosures that are subject to certain restrictions, exceptions, and limitations imposed by law. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **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.
- **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. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our office. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
OCRMail@hhs.gov

www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf

We will not retaliate against you for filing a complaint.