

## HIPAA NOTICE OF PRIVACY PRACTICES

All communications between us will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in couple or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, if you participate in couple or family therapy, I may use information obtained in an individual session with you, when working with other members of your family. Please feel free to ask me how this may apply to you.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself. In addition, the federal Patriot Act of 2001 requires therapists in certain circumstances to provide FBI agents with records and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items under the Act.

Additionally, the federal Health Insurance Portability and Accountability Act (HIPAA) allows me to use or disclose Protected Health Information from your record in order to provide treatment to you, to obtain payment for services, and for other professional activities (known as "health care operations"), including accessing your health information. Nevertheless, I will ask for your consent in order to make this permission explicit.

**My commitment to your privacy:** I am dedicated to maintaining the privacy of your health information. Being required by law to maintain the confidentiality of your health information, I am also required to provide you with the following important information:

**Use and disclosure of your health information in certain special circumstances:** The following circumstances may require me to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official, for example by subpoena.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. I will only make disclosures to another person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by appropriate authorities for national security.
6. To federal officials for intelligence or national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For lawsuits or claims for Workers Compensation and similar programs.

*Please note: Your health information does not include progress notes. Such notes are therefore not subject to disclosure to an outside party.* Additional disclosures that may be made:

1. To obtain payment for treatment from your insurance company or health plan.
2. To disclose health information to others without your consent if you are incapacitated or if an emergency exists.
3. To remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that may be of interest to you.

### **Your rights regarding your health information:**

1. **Communications:** You can request that I communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that I contact you at home rather than at work. I will accommodate all reasonable requests.
2. **Restrictions:** You can request a restriction in the use or disclosure of your health information for treatment, payment, or healthcare operations. You also have the right to request that I restrict disclosure of your health information to only certain individuals involved in your care or payment for your care, such as family members and friends. If I refer you to a physician for additional care, disclosure of your health information will most likely be made to that physician. I am not required to agree to a request not to do so; however, if I do agree, I am bound by this agreement except when required by law, in emergencies, or when the information is necessary to treat you.
3. **Accounting:** You can request to receive an accounting of certain disclosures of your health information I have made, if any.
4. **Receiving a copy of your records:** You can inspect and receive a copy of your health information that may be used to make decisions about your care, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing. I will respond to your request within 30 days. In certain situations, I may deny your request; if I do, I will explain the reasons for the denial and explain your right to have the denial reviewed. Also, instead of providing the health information you request, you may be provided with a summary or explanation as long as you agree to receive one. I hold records for seven (7) years after termination for adults, and for seven (7) years or until age 19, whichever is later, for minors.
5. **Amending your health information:** You may ask me to amend your health information if you believe it is incorrect or incomplete. To request an amendment, you must provide the request and your reason for the request in writing. I will respond within 60 days. I may deny the request in writing if I feel your health information is correct and complete, is not part of my records, or may cause you harm. I will state the reasons for a denial and explain that your request and denial will be attached to all future disclosures. If I approve your request, I will make the change and inform you that it has been done.
6. **You are entitled to receive a copy of this Notice of Privacy Practices.** You may ask me to give you a copy at any time.
7. **If you believe that your privacy rights have been violated,** you may file a complaint with me or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.
8. **I will obtain your written authorization** for uses and disclosures that are not identified in this notice or permitted by applicable law.
9. **I reserve the right to change this Notice** in the future, and before any important changes to my policies are made, I will promptly change this Notice and offer you a new copy of the policy.

### **TREATMENT OF MINORS**

If you are under eighteen years of age, the law may provide your parents or legal guardians the right to examine your treatment records. It is my policy to request an agreement from parents or guardians that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. A Caregiver's Affidavit Authorization (CAA) will also be required.