

## Health Insurance Portability and Accountability Act (HIPAA)

### Notice of Privacy Practices

This notice will explain how we handle your mental health information. Applicable federal and state laws require us to maintain the privacy of clients personal and health information. In this notice your personal or protected health information is referred to as " PHI" and includes information regarding your health care and treatment with identifiable factors such as your name, age, address, or financial information. Family PsychSolutions, PLLC protects your health information by treating all of your health information as confidential (unless noted in the confidentiality clause involved in consenting to treatment), by treating all staff in federal and state confidentiality policies and practices per HIPAA, by restricting access to your health information only to those office staff that needs to know your health information in order to provide services to you, and by maintaining physical electronic and procedural safeguards to comply with federal and state regulations guarding your health information.

Family PsychSolutions, PLLC may use or disclose your PHI for treatment, payment, and healthcare operation purposes if you have given consent to receive an evaluation, consultation, or treatment services. Treatment occurs when the office provides, coordinates, or manages your health care and other services related to your healthcare. An example of treatment would be one or office consults with another healthcare provider, such as your family physician. Payment involves providing reimbursement for the services received in the office. An example of payment would be when our office discloses your PHI to your health insurer to obtain reimbursement for your healthcare or to determine eligibility for coverage. We may disclose information to determine eligibility or coverage, for billing, claims management, collection activities, and utilization review. For example, we may submit your diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered. Health care operations are activities that relate to the performance and operation of our office. Examples are quality assessment and improvement activities, business related matters such as audits and administrative services, case management, care coordination, and conducting training and educational programs. Use involves activities within the office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Disclosure are activities outside of the office such as releasing, transferring, or providing access to information about you to other parties.

Family PsychSolutions, PLLC and any of its administrators may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your authorization is obtained and authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the office is asked for information for purposes outside of treatment, payment, or health care operations we will obtain authorization

from you before releasing this information. You may revoke all such authorization at any time, provided each invocation is in writing. After that time, we will not use or disclose your information for the purposes originally agreed upon. However we cannot take back any information already disclosed with your permission or that we had used in our office.

The law lets Family PsychSolutions, PLLC use or disclose PHI without your consent or authorization in some cases. Authorization is not needed when required by law. For example suspected child, elder, or dependent abuse must be reported also, if you are involved in a lawsuit or legal proceeding in the provider receives a subpoena, discovery request, or other lawful process, some of your PHI may have to be released. Finally, some information has to be disclosed to governmental agencies, which checked providers to see that privacy laws are being obeyed. Information may be released if your provider is asked to do so by a law enforcement official to investigate a crime or criminal. Some of your PHI might be disclosed for public health activities such as when agencies investigate diseases or injuries. PHI may be disclosed to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants. Protected health information can be disclosed for specific government functions. For example PHI of military personnel and veterans may be disclosed to government benefit programs relating to eligibility and enrollment. PHI may also be disclosed to workers compensation and disability programs, to correctional facilities if you're an inmate, and for national security reasons. PHI can't be disclosed to prevent a serious threat to health or safety. If your provider believes that there is a serious threat to your health or safety or that of another person or the public, the provider can disclose some of your PHI. This disclosure will only be provided to persons who can prevent the danger. In the event that your provider becomes incapacitated or dies, it will become necessary for another therapist to take possession of your files and records. PHI can be released to show compliance with HIPAA, for research purposes, or if a licensing board or accredited body is investigating an office you filed a formal complaint against.

Patients have the right to request that the provider limits what is told to people involved in your care or the payment of your care, such as family members and friends. You have the right to receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are being seen at the office. On your request, communications will be sent to an alternate address. If you have the right to inspect and/or obtain a copy of your records a reasonable fee may be charged for copying. We may take up to thirty days to provide you with the information you request. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. On your request, we will discuss with you the details of the requests and denial process. You have the right to request in writing an amendment of your health information for as long as PHI records are maintained. The request

must identify which information is incorrect and include an explanation of why you think it should be amended. We will reply within sixty (60) days of the request. If the request is denied, a written explanation stating the reason why will be provided to you. You may also make a statement disagree with the denial, which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted. You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the rights when accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of the person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one accounting is requested in a twelve (12) month period, a reasonable fee may be charged. If you received this notice electronically (e.g. accessing a website) you have the right to obtain a paper copy of this notice from the office upon request.

The provider is required by law to maintain the privacy of PHI is to provide you with this notice of legal duties and privacy practices. Family PsychSolutions, PLLC reserves the right to change the privacy policies and practices in terms of this notice at any time, as permitted by applicable law. Family PsychSolutions, PLLC reserves the right to make the changes in privacy practices and the new terms or notice effective for all health information that we maintain, including health information we created or received for remake changes. Unless we notify you of such changes, however, the office is required to abide by the terms currently in effect.

For questions regarding this notice of privacy practices, or if you're concerned that your privacy rights may have been violated, please contact Daniela M. Costa, Ph.D. you may also make a written complaint to the U.S. Department of Health and Human Services, whose address can be found below. If you choose to make a complaint with the U.S. Department of Health and Human Services, or with your provider, Family PsychSolutions, PLLC will not retaliate in any way.

The US Dept. of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 20201  
(202) 619-0257  
1(877) 696-6775

By signing this consent form you acknowledge that a copy of the notice of privacy practices has been displayed and/or provided to you and consent to our use and disclosure of PHI for

treatment, payment, or health care operations as described in this notice of privacy practices.

You have the right to revoke this consent in writing any time, except where we have already used or disclosed your health information in reliance upon this consent.

\_\_\_\_\_

Date: \_\_\_\_\_

Patient Name

\_\_\_\_\_

Patient Signature or Signature of Legal Representative