

# NOTICE OF PRIVACY PRACTICES for Protected Health Information (PHI)

This notice provides you with information about how your protected health information (PHI) may be used and disclosed by this provider, as well as your rights regarding your PHI, including how to access this information. Your PHI includes any identifiable health information, which relates to your past, present or future health, treatment or payment for health care services. I am a licensed therapist, licensed by the State of Arizona through the BBHE. I create and maintain treatment records that contain individually identifiable health information about you. This notice concerns the privacy and confidentiality of those records and the information contained therein. **EFFECTIVE DATE OF THIS NOTICE.** This notice first became effective June 1, 2008.

## 1. LEGAL DUTY TO SAFEGUARD YOUR *PROTECTED HEALTH INFORMATION (PHI)*.

**The Health Insurance Portability and Accountability Act (HIPAA) requires me to:**

- Maintain the privacy and confidentiality of your PHI as required by law;
- Provide you with a notice as to my legal duties, privacy practices and your rights regarding your medical information.
- Follow the terms of the current notice
- Notify you if I cannot accommodate a requested restriction or request and
- Accommodate reasonable requests regarding methods to communicate health information with you.

**I reserve the right to:**

- Amend, change or eliminate provisions in my privacy practices and to enact new provisions regarding the PHI I maintain, provided that the changes are permitted by law. If my information practices change, I will amend this Notice.
- Before an important change is made in my privacy practices, I will change this notice, post the revised notice in a clear and prominent location and make the new notice available upon request.

## 2. USE AND DISCLOSURE OF YOUR PHI WITHOUT YOUR AUTHORIZATION

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 authorizations, to carry out the health care provider's own treatment, payment or health care operations.

**FOR TREATMENT:** If I decide to consult with another licensed health care provider about your condition, I would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist me in the diagnosis or treatment of your mental health condition. The word "treatment" includes, among other things, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

**FOR PAYMENT:** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. I may also provide PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims. If your health plan requests a copy of your health records, or a portion thereof, in order 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:** If your health plan decides to audit my practice to review my competence, your mental health records may be used or disclosed for those purposes.

**ADDITIONAL USES AND DISCLOSURES that do NOT require your consent:**

- **Appointment reminders and health related benefits or services:** We 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.
- **Court Order:** If disclosure is compelled by a court pursuant to an order of the court.
- **Adjudication:** If disclosure is compelled by a board, commission or administrative agency for purposes of adjudication pursuant to its lawful authority.
- **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 dependant adult.
- **To avoid harm:** To avert a serious threat to your own health or safety or the health or safety of others, we may disclose your PHI consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- **When disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement.** 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; or when ordered in a judicial or administrative proceeding.

- **For health oversight activities.** For example, I may have to report information to assist the government when it conducts an investigation or inspection of a health provider or organization. The Board of Behavioral Health Examiners, who license Clinical Social Workers, is an example of a health oversight agency.
- **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.")
- **Other:** If disclosure is specifically required by law.
- **Please note:** The above 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.
- I will not disclose your PHI for any purpose not listed above without your specific written authorization. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization).

**3. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

- **You have the right to request restrictions on certain uses and disclosure of your PHI, such as those necessary to carry out treatment, payment or health care operations.** I am not required to agree to your requested restriction. If I do agree, I will maintain a written record of the agreed upon restriction and abide by them except in emergency situations.
- **You have the right to receive confidential communications of PHI from me by alternative means or at alternative locations** for example, sending mail to an alternate address or to an e-mail instead of regular mail). I will agree to your request so long as it is reasonable for me to do so.
- **You have the right to inspect and copy PHI by making a specific request to do so in writing.** However, certain types of PHI will not be made available for inspection and copying. This includes psychotherapy notes or PHI I collect in connection with a legal proceeding. I will respond to you within 10 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you not more that \$.25 for each page. 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 Get a List of the Disclosures I have made.** You have the right to get a list of instances in 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 1, 2008.
- **The Right to Amend Your PHI.** 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 written 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 to your PHI.

If you want to exercise any of the above rights, please contact the Privacy Officer, Linda Wiskerchen, at (480) 861-9624. 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 Linda Wiskerchen at (602) 861-9624. 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.

I have read and received a copy of the HIPAA NOTICE OF PRIVACY PRACTICES, and have had my questions about privacy and confidentiality answered to my satisfaction. I understand the terms of this HIPAA Notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_