

# Privacy Policy

This notice describes how clients' health information may be used and disclosed and how clients can access their protected health information (PHI).

By law, any organization with a website is required to post this information on their website.

My pledge regarding protected health information:

I understand that information about you and your health care is personal. I am committed to protecting your health information, recognizing several barriers and exceptions outlined below. I create a record of the care and services you receive from me within my HIPAA-compliant electronic health record system (EHR), Simple Practice. I keep this record to provide you with quality care and to comply with professional standards and legal requirements. This notice applies to all of the records of your care generated by this mental health care practice.

I am required by law to provide you with this notice of my legal duties and privacy practices with respect to health information. I am required to follow the terms of the notice that is currently in effect. I can change the terms of this notice in conjunction with professional standards and law, and such changes will apply to all information I have about you. In the event of a new notice, I will provide it to you to review and sign.

For disclosures outside of business needs (business needs include disclosure of PHI to insurance for payment), I make an effort to discuss a potential disclosure of your PHI with you directly before making a disclosure. The culture of my business is to discuss information regarding disclosures directly with clients before making a potential

disclosure, to honor your preferences regarding your PHI when possible, and to inform you of disclosures that I have made.

The following categories describe different ways that I may use and disclose health information. All of the ways I am permitted to use and disclose information will fall within one of the categories within this document.

**For Treatment, Payment, or Health Care Operations:** Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with a client to use or disclose the client's PHI without the client's written authorization in order to carry out the health care provider's payment or health care operations. By submitting bills or claims to insurance, I disclose your diagnosis/diagnoses and date(s) of treatment. Increasingly, insurance plans are conducting audits and/or requesting treatment summaries or notes. In these cases, I will provide the minimum requested documentation to insurance, but I do need to comply in order to receive or maintain payment for services already provided. If you use insurance for services, you are consenting to your health care provider providing records to insurance when requested by insurance. Additionally, I can give information about you, such as your address, to a collection agency if you acquire an outstanding balance. I would only do so after attempts to discuss payment with you directly.

**Lawsuits and Disputes:** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request and/or to obtain an order protecting the information requested. In some cases I may be required to disclose information, but I will make an effort to release the least possible information. If you wish me to disclose your notes as part of a court proceeding you

have initiated or plan to initiate, please inform me of this as soon as possible (preferably upon our first visit).

Certain uses and disclosures require your authorization:

Release of Psychotherapy Notes. I do not keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501.

Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI. As a psychotherapist, I will not sell your PHI.

Certain uses and disclosures do not require your authorization:

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons.

When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.

For health oversight activities, including audits and investigations.

For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization for Release of Information (ROI) from you before doing so.

For law enforcement purposes, including reporting crimes occurring on my premises.

To coroners or medical examiners, when such individuals are performing duties authorized by law.

For workers' compensation purposes. Although my preference is to obtain an Authorization for Release of Information (ROI) from you, I may provide your PHI in order to comply with workers' compensation laws.

Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me.

Certain uses and disclosures require you to have the opportunity to object:

Disclosures to family, friends, or others. I may provide PHI to a family member, friend, or other person that you provide as an emergency contact in an emergency situation. You may object to this, and if the emergency involves an imminent threat to your own or another's safety, I may proceed in contacting your emergency contact without your consent.

You have the following rights with respect to your PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. You have the right to get an electronic or paper copy of your medical record. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your request. I do request that clients review their record with me, so I can provide context for language used in documentation and address any questions or concerns you have.

The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI. The list I will give you will include disclosures made in the last six years unless you request a shorter time.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

The Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and may have the power or responsibility to make choices about your health

information. Please disclose this to me at the start of treatment (first session). Before I defer decision-making to someone else, I would ensure this person has this authority.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right to receive a paper or emailed copy of this Notice, which I will provide to you if you request it.

The Right to File a Complaint if you Feel your Rights are Violated. You can file a complaint if you feel I have violated your rights. You may contact me directly in person or in writing at [ellie@elliefostercounseling.com](mailto:ellie@elliefostercounseling.com). You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). I will not retaliate against you for filing a complaint.

I have the following responsibilities with respect to your PHI:

I am required by law to maintain the privacy and security of your protected health information.

I am required to inform you promptly if a breach occurs that may have compromised the privacy or security of your information.

I must follow the duties and privacy practices described in this notice and give you a copy of it. You may access this copy through the Simple Practice portal, and I will provide you with an emailed or paper copy if you request it.

For more information about your rights under HIPAA and/or Notices of Privacy Practices, see <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

