

Privacy Practices

NOTICE OF PRIVACY PRACTICES Effective August 1, 2019

This Notice of Privacy Practices describes how I may use and disclose your PHI (protected health information) in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA")

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

I. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I, in my professional capacity, have reasonable cause to believe that a minor child is being harmed by neglect, or physical, emotional, or sexual abuse, I must immediately report it to the Massachusetts Department of Children and Families.

Serious Threat to Health or Safety: If a client communicates an explicit threat to kill or inflict serious bodily injury upon an identified person with apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for hospitalization.

If a client presents a clear and present danger to themselves and refuses to accept further appropriate treatment, and I have a reasonable basis to believe that they meet criteria for inpatient hospitalization, I must seek said commitment. I may need to contact members of their family or other individuals to assist in keeping the client safe.

Elder Abuse: If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately make a report to the Massachusetts Department of Elder Affairs.

Abuse of a Disabled Person: If I have reasonable cause to suspect abuse of an adult (ages 18-59) with mental or physical disabilities, I must immediately make a report to the Massachusetts Disabled Persons Protection Commission.

Health Oversight: The Board of Registration of Allied Mental Health and Human Service Professions has the power, when necessary, to subpoena relevant records should we be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release information without written authorization from you or

your legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

Worker's Compensation: If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Workers Compensation.

Specialized Government Functions: I 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: I 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.

II. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS, REQUIRING CONSENT

For Treatment: I may use and disclose your PHI for the purpose of providing, coordinating, or managing your health care treatment and related services. I may occasionally find it helpful to consult with professional colleagues about your treatment. Every effort will be made to avoid revealing the identity of the client. I may disclose PHI to any other consultant only with your authorization.

For Payment: I may use and disclose PHI so that we can receive payment for the treatment services provided to you. 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, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: I may use or disclose your PHI in order to support our business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

III. USES AND DISCLOSURES REQUIRING 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:

- most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record;
- most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;
- disclosures that constitute a sale of PHI; and other uses and disclosures not described in this Notice of Privacy Practices.

IV. YOUR RIGHTS AND OUR OBLIGATIONS

Right of Access to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your access may be denied in certain circumstances, but in some cases, you may be able to have this decision reviewed. On your request, I will discuss with you the details of the request and denial process. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend: If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement. I may prepare a rebuttal to your statement and will provide you with a copy. On your request, I will provide you with details of the amendment process.

Right to an Accounting of Disclosures: You have the right to request an accounting of PHI for which you have neither provided authorization nor consent. On request, I will discuss with you the details of the accounting process. I 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. I am 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 Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. (For instance, you may not want a family member to know you are seeing us. Upon your request, we will send your bills to another address.) I 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.

Breach Notification: If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

V. COMPLAINTS

If you believe we have violated your privacy rights or you disagree with a decision I have made about access to your records, you may contact Julia Lawrence, LMHC. You may also send a written complaint to the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619- 0257. We will not retaliate against you for filing a complaint.

REGARDING CONFIDENTIALITY FOR MINORS & PARENTS: Clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records, unless the therapist believes this review would be harmful to the client and his/her treatment. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, therapists will discuss how to protect client privacy while also giving parents and guardians important information about the treatment.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.