



## **HIPAA NOTICE OF PRIVACY PRACTICES**

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review and contact your provider if you have any questions.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, health care operations, and other purposes permitted or required by law. PHI is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services or payment to healthcare services. Del Alma Psychological Services is required by law to maintain the privacy of your PHI and provide you with this Notice of our legal duties and privacy practices.

### **Effective Date of this Notice**

This notice went into effect on August 14th, 2023.

### **My Pledge Regarding Your Health Information**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. During each appointment, I record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant diagnoses, treatment, and a plan for future care. This information, often referred to as your medical or health record, serves as a basis for planning your care and treatment. I require this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated by this mental healthcare practice. This Notice will tell you about the ways in which I may use and disclose health information about you. This Notice will also explain your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private.
- Give you this Notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request.

## **How I May Use and Disclose Health Information About You**

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures, I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose information will fall within one of the categories.

- For Treatment, or Healthcare Operations: Federal privacy rules and regulations allow healthcare providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization, to carry out the healthcare provider's own treatment, payment, or health care operations. As such, I will use and disclose your PHI to provide, coordinate, and manage your care. I may also disclose your PHI for the treatment activities of any other healthcare provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed healthcare provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the clinician in diagnosis and treatment of your mental health condition. Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other healthcare providers need access to the full record and/or full and complete information to provide quality care. The word "treatment" includes, among other things, the coordination and management of healthcare providers with a third party, consultations between healthcare providers and referrals of a patient for healthcare from one healthcare provider to another.
- For Payment: Your PHI may be used to obtain or provide payment for your healthcare services without your written authorization, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services I recommend for you, such as determining eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities. For example, to receive payment for our services, our billing official will send a bill to you or your insurance company. The information on the bill may include information that identifies you, as well as your diagnosis, and type of treatment; such information is necessary for payment.
- For Business Operations: I may share your PHI with third party business associates that perform various activities for the practice (e.g., billing). Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms to protect your privacy.
- For Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose PHI in response to a court or administrative order. I may also disclose health information about your child 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 or to obtain an order protecting the information requested.

## **Certain Uses and Disclosures Require Your Authorization**

- Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the

use or disclosure is: A) For my use in treating you; B) For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy; C) For my use in defending myself in legal proceedings instituted by you; D) For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA; E) Required by law and the use or disclosure is limited to the requirements of such law; F) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes; G) Required by a coroner who is performing duties authorized by law; H) Required to help avert a serious threat to the health and safety of others.

- In some situations, federal and state laws may require authorization from you before I can disclose specially protected health information. Examples of such information that may be subject to special protections include information involving HIV/AIDS, reproductive health, sexually transmitted or other communicable diseases, and alcohol or drug abuse. I may limit disclosure to what the law permits, or I may contact you for the necessary authorization.
- 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 in the regular course of my business.

### **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 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 research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI 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. I may also use and disclose your PHI to tell you about treatment alternatives, or other healthcare services or benefits that I offer.

### **Certain Uses and Disclosures Require You to Have the Opportunity to Object**

Disclosures to family, friends, or others – I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

You may revoke any authorization, at any time, by notifying me, in writing. If you revoke your authorization, I will no longer use or disclose your PHI for the purpose you had previously approved, except to the extent that we have relied on the authorization up to that point, and unless otherwise permitted by law.

### **You Have the Following Rights with Respect to Your PHI:**

1. 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 healthcare operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your healthcare.
2. 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 healthcare operations purposes if the PHI pertains solely to a healthcare item or a healthcare service that you have paid for out-of-pocket in full.
3. The right to choose how I send PHI to you – You have the right to ask me to contact you in a specific way or to send mail to a different address, and I will agree to all reasonable requests.
4. The right to see and get copies of your PHI – Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. 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 written request, and I may charge a reasonable, cost-based fee for doing so.
5. 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 for purposes other than treatment, payment, or healthcare operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
6. The right to be informed of any unauthorized disclosures – You have the right to be informed if our practice improperly allows access to your PHI in a way that compromises that information. I will provide you with timely notice should a breach of privacy occur.

7. 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.
8. The right to get a paper or electronic copy of this Notice – You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by email.

### **Questions/Complaints**

If you have questions regarding your privacy rights or this Notice, please discuss them with me. If you believe your privacy rights have been violated, you may file a complaint by either contacting me as your provider or filing a complaint with the Secretary of the Department of Health and Human Services. I will not retaliate against you for filing a complaint.

### **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

**By signing below, I certify that I have received a copy of Del Alma Psychological Services’ Privacy Policy. I have read, understood, and agree to the items contained in this document.**