

Notice of Privacy Practices

5 ***Note to website owner:** Under HIPAA regulations, mental health practitioners have an obligation to provide a Notice of Privacy Practices for Protected Health Information at the patient's first visit and then upon request. TherapySites has provided this document as a template. However, privacy notices will necessarily vary from practice to practice. Please make sure to review this form, edit the sections in red and fill in the blanks as appropriate depending on the nature of your practice.
10 **You should consult with advisors (e.g., your state or local medical or specialty society, or legal or other counsel) familiar with your state's privacy laws prior to using this document.**

15 **Enriching Your Relationships**

Effective date: _____

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Notice Of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as a patient of Ms. Reed) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

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A. Ms. Reed's commitment to your privacy:

Ms. Reed is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting her business, she will create records regarding you and the treatment and services she provides to you. She is required by law to maintain the confidentiality of health information that identifies you. She also is required by law to provide you with this notice of her legal duties and the privacy practices that she maintain in her practice concerning your PHI. By federal and state law, she must follow the terms of the Notice of Privacy Practices that she has in effect at the time.

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Ms. Reed realize that these laws are complicated, but she must provide you with the following important information:

- How she may use and disclose your PHI,
- Your privacy rights in your PHI,

- Her obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. Ms. Reed reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that her practice has created or maintained in the past, and for any of your records that she may create or maintain in the future. Her practice will post a copy of her current Notice in our offices in a visible location at all times, and you may request a copy of her most current Notice at any time.

B. If you have questions about this Notice, please contact:

Marna Reed at 763-546-6718

C. She may use and disclose your PHI in the following ways:

The following categories describe the different ways in which she may use and disclose your PHI.

1. Treatment. Ms. Reed’s practice may use your PHI to treat you. For example, she may disclose your PHI to other health care providers for purposes related to your treatment.

2. Payment. Ms. Reed’s practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from her. For example, she may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and she may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. She also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, she may use your PHI to bill you directly for services and items.

3. Disclosures required by law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which Ms. Reed may use or disclose your identifiable health information:

1. Public health risks. She may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence);

however, she will only disclose this information if the patient agrees or she is required or authorized by law to disclose this information,

- Notifying your employer under limited circumstances related primarily to threats to workplace safety.

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2. Health oversight activities. Ms. Reed may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

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3. Lawsuits and similar proceedings. Ms. Reed may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. She also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if she has made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

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4. Law enforcement. Ms. Reed may release PHI if asked to do so by a law enforcement official:

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- Regarding a crime victim in certain situations, if she is unable to obtain the person's agreement,
- Concerning a death she believes has resulted from criminal conduct,
- Regarding criminal conduct at her offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

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5. Serious threats to health or safety. Ms. Reed may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, she will only make disclosures to a person or organization able to help prevent the threat.

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9. Military. Ms. Reed may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National security. Ms. Reed may disclose your PHI to federal officials for intelligence and national security activities authorized by law. She also may disclose your PHI to federal and national security activities authorized by law. She also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

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11. Inmates. Ms. Reed may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement

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official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

- 5 **12. Workers' compensation.** Our practice may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

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1. Confidential communications. You have the right to request that Ms. Reed communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that she contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Ms. Reed** specifying the requested method of contact, or the location where

15 you wish to be contacted. Ms. Reed will accommodate **reasonable** requests. You do not need to give a reason for your request.

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2. Requesting restrictions. You have the right to request a restriction in her use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that she restrict her disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **Ms Reed is not required to agree to your request;** however, if she does agree, she is bound by your agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Ms. Reed.** Your request must describe in a clear and concise fashion:

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- The information you wish restricted,
- Whether you are requesting to limit Ms. Reed's use, disclosure or both,
- 30 • To whom you want the limits to apply.

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3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Ms. Reed** in order to inspect and/or obtain a copy of your PHI. Ms. Reed may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. She may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of her denial.

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4. Amendment. You may ask Ms. Reed to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Ms. Reed.** You must provide her with a reason that supports your request for amendment. She will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, she may deny your request if you ask her to amend information that is in her opinion: (a) accurate and

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complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by her, unless the individual or entity that created the information is not available to amend the information.

5 **5. Right to a paper copy of this notice.** You are entitled to receive a paper copy of this notice of privacy practices. You may ask Ms. Reed to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **her**.

10 **7. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with Ms. Reed or with the Secretary of the Department of Health and Human Services. To file a complaint with her, contact **her**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

15 **8. Right to provide an authorization for other uses and disclosures.** Ms. Reed will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to her regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, she will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* she is required to retain records of your care.

20 Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Marna Reed, MA, LP**

25 **Name** _____ **Date** _____

30 Copyright © 2002 Gates, Moore & Company. Used with permission. "The HIPAA Privacy Rule: Three Key Forms." Bush J. *Family Practice Management*. February 2003:29-33, <http://www.aafp.org/fpm/20030200/29theh.html>.