

## HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Updated: May 16, 2022

This describes: 1) how medical information about you may be used and disclosed, and 2) how you can get access to this information. Please review it carefully.

### MY COMMITMENT TO YOUR PRIVACY

My counseling services will always be totally committed to maintaining the confidentiality of the individuals I serve and the records I keep. I will only release healthcare information about you in accordance with federal and state laws and the highest ethical standards of the counseling profession.

Your health record contains personal information about you and your health. Information that may identify you and relate to your past, present, or future physical, mental health or condition and related health care services is referred to as **PROTECTED HEALTH INFORMATION or "PHI"**.

This notice describes my policies related to how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), and regulations promulgated under HIPAA including the HIPAA Privacy and Security Rule.

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

I am required to abide by the terms of this Notice of Privacy practices. I reserve the right to change the terms of our Notice of Privacy practices at any time. Any new Notice of Privacy practices will be effective for all PHI that I maintain at that time. You can obtain a copy of this document electronically when you sign it electronically or during our next session if you did not opt to print it.

### TREATMENT

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. We may disclose PHI to any other consultant **only with your authorization**.

### 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, we will only disclose the minimum amount of PHI necessary for purposes of collection.

## HEALTHCARE OPERATIONS

I may need to use information about you to review or support our treatment procedures and business activity. Information may be used for certification, scheduling, billing, **compliance** and licensing activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing, scheduling, administration services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. **At any time your medical insurance might request records (for healthcare operations such as administrative and clinical purposes) of your case including progress notes.** Healthcare operations include functions such as: (a) quality assessment and improvement; (b) competency assessment,, including performance evaluation, credentialing, and accreditation; (c) medical reviews, audits, or legal services; (d) specified insurance functions; and (e) business planning, management, and general administration.

## OTHER USES AND DISCLOSURE OF YOUR INFORMATION NOT REQUIRING YOUR CONSENT

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

**Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.**

- **Child Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- **Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- **Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- **Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- **Family Involvement in Care.** I may disclose information to close family members (including emergency contact) or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- **Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies, health insurance companies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- **Law Enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- **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.** If required, 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.
- **Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- **Verbal Permission.** I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.
- **With 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 I have already made a use or disclosure based upon your authorization.

### AUTHORIZATION OF RELEASE OF INFORMATION PROCESS

When you, the client, would like for the therapist to release your PHI, you would need to sign an Authorization Of Release Of Information form. You can request this form either during your session and/or email at [therapy@freedomrivera.com](mailto:therapy@freedomrivera.com) . This form is an electronic form that will be send to your email address. This form is client friendly (easy to read) and if you ever need to be explain any of the items on the form please feel free to contact this writer. Furthermore, if you would like a copy for yourself of any particular record I would need you to write an email stating such request with your signature on it.

Signature of this form acknowledges receipt of privacy practices.

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Client Signature

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Date