

## **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you may gain access to this information. Please review this notice carefully.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We 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 we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

For Text messaging, We do not share or sell your personal information to third parties for marketing purposes. Your information is used solely to send notifications, alerts, and marketing communications, and to comply with 10DLC regulations. We may share your information with trusted third-party providers who help us deliver messaging services. However, we do not share your information for marketing purposes without explicit consent. You can opt out at any time by replying with STOP, UNSUBSCRIBE, or another opt-out keyword."

### **Use and Disclosure Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, healthcare operations or as required by law, when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures, for example, release of information to other individuals, agencies or professionals. In those instances we will obtain an authorization (written consent) from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes that the therapist makes about the conversations with clients in private, group, joint or family counseling sessions, that are kept separate from the rest of your medical record. These notes are given a greater degree of protection than the PHI. You may revoke all such authorization (of PHI or psychotherapy notes) at any time in writing. We are required to abide by that written request, except to the extent that we have already taken actions relying on your authorization; or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

### **Use and Disclosure of Information**

\* For 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. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

\* For Payment - We may use or disclose PHI in order to 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 of 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.

\* Health Care Operations- We may use or disclose, as needed your PHI in order to support business activities including, but not limited to, quality assessment and improvement activities, legal services business-related matters such as audits, cost-management analysis and administrative services, case management and care coordination. Minimal personal information may be used in order to provide appointment reminders.

\* Required by Law- We may disclose to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule or when required to under international, federal, state or local law.

### **Use and Disclosure *without* Consent or Authorization**

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. As a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Deceased Patients. We 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.

Serious threat to safety of self or others We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff 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. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we 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 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. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena, 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. We 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, we 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. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

### **Client's Rights**

You have the following rights with respect to your protected health information (PHI), which you can exercise by presenting a written request to the Privacy Officer, the owner of Julia's Counseling & Play Therapy Group, PLLC, Julia Cedeno, LCSW, RPT, CTP.

- \* The right to inspect and/or copy your protected health information. We reserve the right to charge a reasonable fee for copies, mailing, or other supplies associated with this request.
- \* The right to amend your protected health information, although we are not required to agree to the amendment.
- \* The right to receive an accounting of disclosures of protected health information. This does not include disclosure required by law, such as reporting of child abuse.
- \* The right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are 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. Private paying clients have the right to request PHI not be communicated to their health care plan.
- \* The right to reasonable request to receive confidential communication of protected health information from us by alternative means or at alternative locations (for example, you may request your bills be sent to an alternative location).

If a client believes their privacy rights have not been upheld they make a formal complaint. You have the right to file a written complaint with the privacy official, Owner, Julia Cedeno, LCSW, RPT, CTP, or with the Department of Health and Human Services, Office of Civil rights. We will not retaliate against you for filing a complaint.

The U.S. Department of Health and Human Services; Office of Civil Rights; 200 Independence Ave., S.W.; Washington, D.C. 20201; (202) 619-0257; Toll Free: 1-877-696-6775.

**The effective date of this Notice is September 2013.**

# Receipt of Acknowledgement of Notice of Privacy Practices

Client Name:

Date of Birth:

Parent/Guardian Name:

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Julia's Counseling & Play Therapy Group, PLLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Julia Byeseda, LCSW, CTP, at the practice location. I understand that I may also contact the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201.

\_\_\_\_\_  
Client's Full Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

(If client is under 18 years of age) \* If you are signing as personal representative, please describe and provide documentation to act for this individual (power of attorney, healthcare surrogate)

\_\_\_\_\_  
Parent, Guardian, or Personal  
Representative Full Name

\_\_\_\_\_  
Parent, Guardian, or Personal  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date