

# Notice of Privacy Practices

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## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED BY MY OFFICE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

I (therapist) understand that health information about you (client) and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe 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.

### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

Your (client) records will be retained by this office for approximately seven years after your last date of service. After that time has elapsed, your records will be erased, shredded, burned or otherwise destroyed in a way which protects your privacy. Copies of mental health records generated by this office which have been distributed to other entities may continue to exist under the privacy policies established by those entities.

The following categories describe different ways that I (therapist) 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 of the ways I am permitted to use and disclose information will fall within one of these categories.

1. **For Treatment Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written Authorization to carry out the health care provider's own treatment, process claims/payment, conduct health care operations, and participate in treatment reviews/health plan documentation/audits. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order 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 health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

2. **Lawsuits and Disputes:** If you are involved in a lawsuit, I may disclose health information 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.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

1. **Medical record.** Your (client) record contains medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatments furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and

progress to date. Any use or disclosure of your medical record requires your authorization unless the use or disclosure is:

- a. For my use in treating you (e.g. recording my personal "psychotherapy notes" or disclosing information to keep to you safe or from harming another)
  - 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.
2. **Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2:** If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 C.F.R. Part 2 ("Part 2"). This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as: (a) Medical Emergencies: to the extent necessary to treat you, (b) Reporting Crimes on Program Premises, (c) Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and (d) Fundraising: We will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications. You may revoke this consent at any time.

**Prohibitions on Use and Disclosure of Part 2 Records:** SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

3. **Marketing.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

4. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

#### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.**

Subject to certain limitations in the law, I (therapist) can use and disclose your (client) PHI without your Authorization for the following reasons:

1. **To obtain payment for your health care services.** For example, your information may be shared with an insurer who provides reimbursement for your services at this office.

By utilizing managed care insurance, you are authorizing the office of Jessica Deeb to provide your insurance company with a clinical diagnosis and the right to access your full medical file. All diagnoses come from a manual entitled, Diagnostic and Statistical Manual of Mental Disorders.

By utilizing EAP insurance, you are authorizing this office to provide your EAP with a general topic for which are seeking treatment and the right to access your full medical file. An EAP is mandated by law to maintain confidentiality, including with your employer. Any information about your EAP contact is strictly confidential as an employee. If you have been referred by management, you may be asked to sign a release giving management a record of the EAP sessions attended.

Sometimes this office has to provide additional clinical information to both managed care and EAPs, such as treatment plans or summaries, or the entire health record if requested.

All information provided to your insurance will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, this office

nor I have any control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank.

Additionally, if you dispute a charge that our office deems as valid, signing this release gives our office permission to rectify the situation by sharing any medical info needed to state our case with your credit card company & all billing intermediaries. Your medical info includes, but is not limited to: all releases/consents, dates of service, correspondence between you and our office, and any other medical info in your file necessary for documentation. Moreover, you agree to pay any additional dispute fees incurred.

2. **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.
3. **For public health activities**, including reporting suspected child, elder, or dependent adult abuse (or any other protected population); or to protect you and others if we believe you are at imminent risk of harm to yourself or others.
4. **For health oversight activities**, including audits and investigations. For example, to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.
5. **For judicial and administrative proceedings**, including lawsuits or disputes; in any judicial or administrative proceeding; in response to a court order or administrative tribunal; and, in certain conditions, in response to a subpoena, discovery request, or other lawful process. However, my preference is to obtain an Authorization from you before doing so.
6. **For law enforcement purposes**, including, but not limited to, the following: responses to legal proceedings; information requests for identification and location; deaths suspected from criminal conduct; circumstances pertaining to victims of a crime; crimes occurring on my business premises; to identify an individual being sought by authorities, or to cooperate with ongoing law enforcement investigations.
7. **For coordination of care and treatment purposes**. This includes the coordination or management of your health care with a third party. For example, we might disclose your protected health information to a therapist who is co-leading a therapy group in which you have asked to participate at this office. We might also disclose your information to a professional colleague who provides us with clinical consultation services. We may disclose your information to provide continuity of care to a physician (primary care/psychiatrist/ARNP/etc), a hospital/inpatient program, or law enforcement when your safety is a concern. Any person or entity with whom your information is shared will also be required to comply with federal privacy practices regarding your protected health information.

If there is an emergency during our work together or in the future after termination I become concerned about your personal safety, the possibility of you injuring someone else or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care.

8. **To coroners or medical examiners**, when such individuals are performing duties authorized by law.
9. **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.
10. **Specialized government functions**, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; requests for information from military command authorities if you are a member of the armed forces or a member of a foreign military authority; national security and intelligence activities; protection of the President or other authorized person for foreign heads of state; or, helping to ensure the safety of those working within or housed in correctional institutions.
11. **For workers' compensation purposes**. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
12. **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 health care services or benefits that I offer.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

I (therapist) may provide your (client) PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You (client) have the right to ask me (therapist) not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
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 health care operations purposes if the PHI pertains solely to a health care item or a health care 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 (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable and specific requests made in writing.
4. **The Right to See and Get Copies of Your PHI.** A client record contains financial and service information such as session dates and times; modalities and frequencies of treatments furnished; diagnosis; functional status; symptoms; prognosis, and progress to date. Please see "Consent to Fees" document for directions on how to access your file.

However, my personal narrative-content "psychotherapy notes"- as that term is defined in 45 CFR § 164.501- is not deemed part of your medical record. Therefore, you do not have a right to access these notes- whether to be inspected or copied. 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.

The 21st Century CURES Act allows clients to request automated exports of chart notes via a 3rd-party app of their choosing. However, many online software programs are delaying the release of their updated platforms to ensure this functionality is built in a way that is as clinician-friendly as possible, given the challenges with this technology, and to ensure that access is not inadvertently granted when it shouldn't be. The development time behind this has been extraordinary and there is no specific release date for many software programs at this time. Moreover, it would be unduly expensive and burdensome, given my practice's economic means, to shift over to an EHR vendor that offers that capability immediately. We are trying our best to work towards documentation that is more readable and accessible, but it's a process. Therefore, our practice is invoking §171.301 (b)(2)(i)(C) for requests at this time due to technical infeasibility (published regulation regarding technical infeasibility). This means we will continue to furnish records manually via PDF within 10 business days (M-F) without penalty (per HHS: "For health care providers, HHS must engage in future rulemaking to establish appropriate disincentives as directed by the 21st Century Cures Act).

Under certain circumstances, such as protected health information that is subject to law that prohibits access, you may be denied access to your information.

You may request a review of this denial by another licensed mental health professional chosen by us, and we will comply with the outcome of the review. I will provide you with a copy of your record, or a summary of it if you agree to receive a summary, within 15 business days of receiving your written request, and I may charge a reasonable, cost-based fee or per page fee for doing so.

Please note that by geographic law, your therapist- Jessica Deeb, is the owner of the record including all session notes, notes, emails and communication of any sort. Sharing/posting direct or verbatim information from face-to-face sessions, therapeutic online or telephone sessions, or emails is prohibited.

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 health care 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 seven years unless you request a shorter time. I may charge you a reasonable cost based fee for each request.
6. **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.
7. **The Right to Get a Paper and/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 e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. **The Right to Give and Revoke Consent.** Except as described previously, we will not use or disclose information from your record unless you provide us with written authorization to do so. You may revoke your consent to disclose information by providing us with written revocation.

9. **The Right to File a Complaint.** Call 1-888-419-3456 or (850)414-1976 to request a complaint form. Complete the form and mail it to the address given on the form.

**EFFECTIVE DATE OF THIS NOTICE**

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

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