

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 this notice carefully.

Your health record contains personal information about you and your health. This information about you may identify you and may relate to your past, present or future physical or mental health condition. This health information that could identify you is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the National Association of Social Workers Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my 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. I will provide you with a copy of any revised Notice of Privacy Practices by posting a copy in my office, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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 other treatment team members. I may use or disclose PHI to any other consultant only with your authorization. I may use or disclose PHI for purposes of contacting you to remind you of an appointment. I may use or disclose PHI for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you.

For Payment: I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. 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, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. I may use a limited amount of PHI for purposes of contacting you.

“Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

“Disclosure” applies to activities outside my office such as releasing, transferring or providing access to information about you to other parties.

“Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a signed form for that purpose.

For Psychotherapy Notes: “Psychotherapy Notes” are defined as notes recorded by a health care provider, who is a mental health professional, regarding our conversation during a private counseling session or group, or joint or family counseling session, and that are separated from the rest of the patient’s medical record. The definition excludes medication prescription and monitoring, modalities and frequencies of treatment furnished, results of clinical tests and any summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date. I may not use or disclose your psychotherapy notes without your written authorization, except in the following circumstances:

- 1) Treatment: I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling services to you. In addition, I may disclose PHI to other health care providers involved in your treatment.
- 2) Payment: I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from your health plan. For example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
- 3) Health Care Operations: I may use and disclose PHI in connection with my health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.

Uses or Disclosures Made in Accordance Without Your Written Authorization: Certain federal, state and local laws and regulations either require or permit me to make certain uses or disclosures of your PHI without your permission. Law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are the following:

- Child Abuse: If I have reason to believe that a child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities.
- Adult or Domestic Abuse: I may disclose protected health information regarding you if I reasonably believe you are a victim of abuse, neglect or exploitation.
- Judicial and Administrative Proceedings: I may disclose your PHI to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. I may disclose your PHI in accordance with court order, a subpoena, a discovery request or other lawful process issued by a judge or other person involved in the dispute.
- Serious Threat to Health or Safety. If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is a clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

Uses or Disclosures Made in Accordance With Your Written Authorization: I may use or disclose PHI in accordance with your written authorization for purposes other than treatment, payment or health care operations made for purposes that are not specifically permitted or required by law. You have the right to revoke your written authorizations at any time as long as your revocation is in writing. If you revoke your written authorization, I will no longer use or disclose your health information for the purpose identified in the authorization. You understand that I am unable to retrieve any disclosures that I may have made in accordance with your authorization prior to revocation. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule. Please note also that mail sent to you from this private practice will include my return mailing address.

Verbal Permission: I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Your Rights Regarding Your PHI: You have the following rights regarding your PHI that I create and/or maintain about you. To exercise any of these rights, please submit your request in writing to Elizabeth H. Pilson, LCSW-C.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy your PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. You have the right to request a limit on the health information I disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For example, you can request that I only contact you at work or at a specific phone number.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

Complaints: If you are concerned that I have violated your privacy rights or if you disagree with a decision I made about access to your records, you may contact me. You may also send a written complaint to the Secretary of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201 or by calling (202) 619-0257.