

Health Insurance Portability and Accountability Act (HIPAA)
NOTICE OF PRIVACY PRACTICES

COMMITMENT TO YOUR PRIVACY: Priscilla W. Powell, PhD, LCP, LLC is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services either in paper or electronic format. This Notice of Privacy Practices (“Notice”) is required by law to provide you with the legal duties and the privacy practices that I maintain concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with your therapist.

LEGAL DUTY TO SAFEGUARD YOUR PHI: By federal and state law, I am required to ensure that your PHI is kept private. This Notice explains when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within its practice. PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside of my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

CHANGES TO THIS NOTICE: The terms of this notice apply to all records containing your PHI that are created or retained by my practice. Please note that I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all your records that I have created or maintained in the past and for any of your records that I may create or maintain in the future. I will have a copy of the current Notice in the office, and you may request a copy of the current Notice at any time.

HOW YOUR PHI MAY BE USED AND DISCLOSED:

I will not use or disclose your PHI without your written authorization, except as described in this Notice or as described in the “Information, Authorization, and Consent to Treatment” document. Below you will find the different categories of possible uses and disclosures.

- 1. For Treatment:** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who are involved in your care. Except for in an emergency, I will always ask for your authorization in writing prior to any such consultation.
- 2. For Health Care Operations:** I may disclose your PHI to facilitate the efficient and correct operation of my practice, improve your care, and contact you when necessary.
- 3. To Obtain Payment for Treatment:** I may use and disclose your PHI so that the treatment services I render may be billed to you and payments collected from you, an insurance company, or other third party. If payment is not received within 60 days of services rendered, a collection agency will be contacted
- 4. For Appointment Reminders:** I may use and disclose your PHI to provide appointment reminders for your upcoming visits or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.
- 5. Employees and Business Associates:** There may be instances where services are provided to me by an employee or through contracts with third-party “business associates.” Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, I will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of me.

Note: This state and Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how I may disclose information about you to others.

USE AND DISCLOSURE OF YOUR PHI THAT DO NOT REQUIRE YOUR AUTHORIZATION:

- 1. Required by Law:** I may disclose your PHI when required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- 2. Abuse and Neglect:** I may disclose PHI if mandated by child, elder, or dependent adult abuse and neglect reporting laws.
- 3. Serious Threat to Health or Safety:** I may disclose your PHI if you are in such condition as to be dangerous to yourself or the person or property of others, and if I determine in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, I may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.
- 4. Law Enforcement:** Subject to certain conditions, I may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.
- 5. Lawsuits and Disputes:** I may disclose your PHI in response to a subpoena (with your written consent), court order, administrative order or similar process. I may also disclose PHI in response to a subpoena, discovery request or other lawful process initiated by someone else involved in the dispute, but only if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
- 6. Minors:** If you are a minor (under 18 years of age), I may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.
- 7. Communications with Family, Friends, or Others:** I may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, I may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.
- 8. Public Health Risks:** I may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.
- 9. Health Oversight Activities:** I may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities.
- 10. Food and Drug Administration (FDA):** I may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- 11. Coroners, Medical Examiners, and Funeral Directors:** I may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. I may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.
- 12. Military and Veterans:** If you are a member of the armed forces, I may release PHI about you as required by military command authorities. I may also release PHI about foreign military personnel to the appropriate military authority.
- 13. National Security, Protective Services for the President, and Intelligence Activities:** I may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.
- 14. Correctional Institutions:** If you are or become an inmate of a correctional institution, I may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.
- 15. For Research Purposes:** In certain limited circumstances, I may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.
- 16. For Workers' Compensation Purposes:** I may provide PHI in order to comply with Workers' Compensation or similar programs established by law.

17. In the Following Cases, I Will Never Share Your Information Unless You Give us Written Permission: Marketing purposes, sale of your information, and fundraising.

Other Uses and Disclosures Require Your Prior Written Authorization:

In any other situation not covered by this notice, I will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying me in writing of your decision. You understand that I am unable to take back any disclosures which have already been made with your permission, I will continue to comply with laws that require certain disclosures, and I am required to retain records of the care that its therapists have provided to you.

YOUR RIGHTS REGARDING YOUR PHI:

- 1. The Right to See and Get Copies of Your PHI either in paper or electronic format:** In general, you have the right to see your PHI that I have, or to get copies of it; however, you must request it in writing. You will receive a response from me within 30 days of receiving your written request. Under certain circumstances, I may deny your request, but if so, I will provide a written explanation for the denial. I will also explain your right to have the denial reviewed. If you ask for copies of your PHI, you will be charged a reasonable cost-based fee for time of processing and fees associated with supplies and postage. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance. "Psychotherapy notes" are not considered part of your medical record, per HIPPA, and I am not always required to share these notes.
- 2. The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask that I limit how your PHI is used and disclosed. To request restrictions, you must make your request in writing, including: 1) what information you want to limit; 2) whether you want to limit use, disclosure or both; and 3) to whom you want the limits to apply. While I will consider your request, I am not legally bound to agree. If I agree to your request, I will put those limits in writing and abide by them except in emergency situations. If you pay for a service or health care item out-of-pocket in full, you may ask me not to share that information for the purpose of payment or operations with your health insurer. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- 3. The Right to Choose How I Send Your PHI to You:** It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method. I am obliged to agree to your request providing that it can give you the PHI, in the format you requested, without undue inconvenience. To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.
- 4. The Right to Get a List of the Disclosures.** You are entitled to a list of disclosures of your PHI that I made. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family); neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period. I will provide the list to you at no charge within 60 days of the request, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- 5. The Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- 6. The Right to Amend Your PHI:** If you believe that there is error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that the PHI is: (a) accurate and complete, (b) not part of the information which you would be permitted to inspect and copy, (c) not part of my records, or (d) written by someone other than me. Denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial will be attached to any future disclosures of your PHI. If I approve your request, it will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.
- 7. The Right to Get This Notice:** You have the right to get this notice by email or you may request a paper copy.

COMPLAINTS: If you feel your privacy rights have been violated, you may file a complaint directly with my practice or with the U.S. Department of Health and Human Services by writing to Secretary of Health & Human Services; US Department of Health & Human Services; 200 Independence Avenue SW; Washington, DC 20201 or by calling (202)619-0257. Should you file a complaint, action will not be taken against you nor will services to you be changed.

MY RESPONSIBILITIES: I am required by law to maintain the privacy and security of your PHI. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. I must follow the duties and privacy practices described in this notice and give you a copy of it. I will not use or share your information other than as described here unless you tell me I can in writing.

I acknowledge that I have received and have been given an opportunity to read Priscilla W. Powell, PhD, LCP, LLC's *Notice of Privacy Practices*. I understand that if I have any questions regarding this notice of my privacy rights, I may contact Dr. Priscilla Powell. I understand that I may revoke, in writing, this authorization at any time except to the extent that action has already been taken in accord with it.

Client's Name Printed

Parent or Legal Guardian's Name Printed (if Client is a Minor)

Client's Signature (Parent or Legal Guardian if Client is a Minor)

Date