



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (HIPAA)

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

Therapists' licensed by the state of Pennsylvania, create and maintain treatment records that contain individually identifiable health information about you. This notice, among other things, concerns the privacy and confidentiality of those records and the information they contain.

I may be required or permitted to disclose your personal health information without your written authorization in other circumstances including, but not limited to the following:

- When compelled by a court, board, commission, administrative agency, arbitration panel, or search warrant as long as the request is lawful and follows the guideless established by law and the regulations of the requesting entity.
- For the purpose of **Reporting** Child or Elder Abuse, Neglect or Domestic Violence to appropriate authorities.
- To report the need for additional services if there is belief that you have become a danger to your own safety or to the safety of other persons.
- To contact you to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you. ***Please advise where and by what means you prefer to be contacted.***

You Have The Right To:

- Request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request. I will discuss this issue if this occurs.
- Request and receive confidential communications of your private health information by alternative means and at alternative locations.
- Inspect and/or obtain a copy of protected health information and billing records used to make decisions about you for as long as the protected health information is maintained in the record. I may deny your access to protected health information under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Request an amendment of protected health information for as long as the protected health information is maintained in the record. If requested, I will discuss with you the



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details of the amendment process. Please understand, however, that I am not required to amend the information in the record.

- Generally have the right to receive an accounting of any disclosures of your protected health information. On your request, I will discuss with you the details of the accounting process.
- Obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Uses or disclosures of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure.

Other Uses and Disclosures Requiring Your Authorization

In those instances when I am asked for information for purposes outside of the situations described above, I will obtain an authorization from you before releasing this information. You may revoke all such authorizations at any time, provided each revocation is in writing. Any revocation applies to only that information for which an authorization is required, and is not retroactive to any time prior to the date of the revocation.

I value my clients and protection of their privacy is very important to me. In conducting my business, I will create and maintain records that contain health information about my clients and their health care. **"Protected Health Information" or "PHI"** is information that can reasonably be used to identify you and that relates to your past, present or future physical or mental health condition. It includes the provision of health care to you and the payment for that care. **This Notice describes my privacy practices**, which include how I may use, disclose, collect, handle, and protect my clients' Protected Health Information. I am required by federal and state laws to maintain the privacy of your Protected Health Information. I'm also required by the Federal Health Insurance Portability and Accountability Act or "HIPAA" to give you this Notice about our privacy practices, my legal duties, and your rights concerning your Protected Health Information. **This Notice takes effect on May 1, 2016**, and will remain in effect until we replace or modify it.



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (HIPAA)

I. How I may Use and Disclose Health Information - Treatment, Payment, and Health Care Operations

Except in an emergency or other special circumstance, I may use and disclose your PHI for the purposes of treatment, payment, and health care operations with your consent.

A. Treatment

I may use and disclose your PHI in connection with your treatment and/or other services provided to you - for example, to diagnose and treat you. In addition, I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. I may also disclose PHI to other providers (e.g., pharmacists or other members of our clinical staff) directly involved in your treatment.

B. Payment

I may use and disclose your PHI to obtain payment for services that I provide to you. An example of payment is when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage. In some instances, I may use legal means, including hiring a collection agency, to secure payment if your account is overdue by 60 days and other arrangements have not been agreed upon.

C. Health Care Operations

I may use and disclose your PHI for our health care operations. These include internal administration and planning, and various activities that improve the quality and cost effectiveness of health care services. For example, I may use your PHI to evaluate the quality and competence of our clinical staff.

II. Uses and Disclosures of your PHI for which Neither Consent Nor Written Authorization is Required

I may use or disclose PHI without your consent or authorization in the following circumstances:

A. Public Health Activities

I may disclose your PHI for the following public health activities:

- 1) preventing or controlling disease, injury or disability;



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2) reporting child abuse and neglect to public health or other government authorized by law to receive such reports;

3) reporting information about products and services under the jurisdiction of the United States Food and Drug Administration, such as reactions to medications and problems with products;

B. Victims of Adult Abuse, Neglect or Domestic Abuse

If I reasonably believe you are an adult victim of abuse, neglect or domestic violence, I may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

C. Health Oversight Activities

I may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare or Medicaid.

D. Legal Proceedings

Information concerning the provision of psychotherapy services or the records thereof is usually regarded as privileged under state law. As such, this information will not be released without your written consent except in response to a court order.

E. Business Associates

I may disclose PHI to our business associates. A "business associate" is an organization or persons outside the workforce who receives PHI from me to provide services to, or on behalf of, my company (e.g., accountant, lawyer, billing service, collection agency).

F. Research

In most instances, I will ask for your written authorization when conducting research. However, I may use or disclose your PHI without specific authorization for research that has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of client information.

G. Public Safety

I may use or disclose your PHI to prevent or lessen a serious and imminent threat to the safety of a readily identified person or group of people. This may include directly advising the potential victim of the threat or intent.



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H. Specialized Government Functions

I may release your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances, such as for intelligence, counter-intelligence or national security activities.

I. Workers' Compensation

I may disclose your PHI as authorized by state law relating to workers' compensation or other similar government programs.

J. As Required by Law

I may use and disclose your PHI when required to do so by any other laws not already referenced above.

III. Uses and Disclosures Requiring your Specific Written Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate written authorization is obtained.

A. Marketing

You have the option to receive notification of additional services provided by the organization and to receive newsletter information. The consent form to receive such information will be shown to you for your signature.

B. Fundraising

I may contact you as part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials.

C. Highly Confidential Information

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes PHI: **1) Maintained in psychotherapy notes** ("Psychotherapy notes" are notes recorded in any medium by a mental health professional documenting or analyzing a conversation during an individual, group, or family counseling session and that are separated from the rest of your medical record and accorded a higher level of privacy.); **2) Documenting mental health and developmental disabilities services;** **3) About drug and alcohol abuse, prevention, treatment and referral;** relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and generally, I must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent. Your



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authorization for use or disclosure of psychotherapy notes may not be combined with your authorization for use or disclosure of other PHI

IV. Your Rights Regarding your Protected Health Information

A. Right to Inspect and Copy your Health Information

You may request to see and receive copies of your medical and billing records. To do so, please submit request to my office. You will be charged for copies in accordance with my cost. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may be inaccessible to you (for example, as specified by state or federal law or when a parent or legal guardian has previously agreed to a confidentiality agreement limiting access). **Clients do not have a right to:** 1). Inspect and copy psychotherapy notes; 2). Information compiled in reasonable anticipation of or for use in legal or administrative proceedings. Under certain circumstances, I may deny your access to PHI (for example, if access were believed to cause physical danger to another person or to cause substantial harm to another person named in the PHI). If I deny you access, I will explain why and what your rights are, including how to seek review of my decision to deny.

B. Right to Request Restrictions

You have the right to request, in writing, that I place additional restrictions on my use or disclosure of your PHI. I am not required to agree to your request. However, if I do agree, I will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until I tell you that I am terminating our agreement to a restriction.

C. Right to Receive Confidential Communications

You may request, and we will accommodate, to the extent that I can feasibly do so, any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations. For example, you may instruct me not to contact you by telephone at home, or you may give me a mailing address other than your home for test results.

D. Right to Amend your Records

You have the right to request that I amend PHI maintained in your medical or billing records. To do so, you must submit a written request. Your request may be denied if I reasonably believe that the existing information is accurate and complete, if the PHI was not created by me, or other special circumstances apply.



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E. Right to Receive an Accounting of Disclosures

You may request a record of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to the date of your request. However, I am not required to give you a record of disclosures that occurred more than seven years prior.

F. Right to a Paper Copy of the Notice

You have the right to obtain a paper copy of this Notice upon request.

G. Right to Further Information or Complaint

If you desire further information about your privacy rights, are concerned that your privacy rights were violated, or disagree with a decision made about access to your PHI, you may contact me at the following address: ATTN: Hannah Afua Obeng 100 S Broad Street, Suite 1114, Philadelphia 19110. Additionally, you may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services.

V. Effective Date and Duration of this Notice

A. Effective Date

This notice is effective on May 1, 2016.

B. Right to Change Terms of this Notice

I may change the terms of this Notice at any time. If I change this Notice, I will post the revised Notice online on my website. You also may obtain any revised notice by contacting me.

PLEASE ALSO READ CONSENT TO TREATMENT