

Notice of Privacy Policy

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

I understand that information about you and your health is personal, and am committed to keeping your health information secure and private. I am also required by law to maintain the privacy of health information that identifies you or that could be used to identify you (known as “protected health information”).

The law also requires that I provide you with this Notice of Privacy Practices. This notice will tell you about the ways in which I may use and disclose your protected health information. This notice also describes your rights and certain obligations I have regarding the use and disclosure of health information. I am required by law to comply with the provisions of this notice currently in effect. I also have the right to change the terms of this notice from time to time in accordance with federal and state laws and to make the revised notice effective for all protected health information maintained. Should such a change be made, you will receive a revised notice from me.

HOW MAY I USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

A. Routine Permitted Uses and Disclosures Without Written Authorization

I may use and disclose your protected health information for the purposes of treatment, payment, and healthcare operations. Examples below:

- **For Treatment** – I may use and disclose your protected health information to provide you with behavioral and/or primary health treatment or services. For example, I may disclose your protected health information to doctors, nurses, counselors, healthcare professionals.
- **For Payment** – I may use and disclose your protected health information so that the treatment and services you received may be billed to, and payment may be collected from, you, an insurance company, a governmental agency, or another appropriate third party.

B. Other Permitted Uses and Disclosures Without Written Authorization

- **Appointment Reminders** – In some cases, I may use and disclose your protected health information to contact you as a reminder that you have an appointment.
- **Treatment Alternatives** – I may use and disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services** – I may use and disclose your protected health information to tell you about health-related benefits or services that may be of interest to you.

- **Required By Law** – I must and will disclose your protected health information when required to do so by federal, state and local law. For example, I must disclose to a public health or other appropriate government authority certain situations (such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease) as required by law.
- **Healthcare Operations** – I may use and disclose your health information in connection with healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs including clinical supervision of counselors, accreditation, certification, licensing or credentialing activities.
- **Legal Proceedings** – I may use and disclose your protected health information for judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or a discovery request.
- **Business Associates** – I may disclose your protected health information to persons who perform functions, activities, or services for or on my behalf that require the use or disclosure of protected health information. To protect your health information, I require such business associates to appropriately safeguard your information.
- **Other Special Circumstances**
 - a) Workers' compensation purposes and in compliance with related laws.
 - b) To avert a serious threat to the health and safety of a person or the public at large.
 - c) For military, national defense and security, and other government functions.
 - d) For law enforcement purposes in limited situations, such as when information is needed to locate a suspect or stop a crime.

C. Uses and Disclosures That May be Made Either With Your Agreement or Opportunity to Object

If I obtain your verbal agreement, or give you an opportunity to object and you do not, we may disclose to a member of your family, a relative, a close friend, or any other person you identify your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, I may disclose such information as necessary, if I determine that it is in your best interest based on my professional judgment. I may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or other person that is responsible for your care of your location or general condition.

D. Uses and Disclosures Based Upon Your Written Authorization

- **Psychotherapy Notes** – I must obtain your written authorization for most uses and disclosures of psychotherapy notes.
- **Marketing** – I must obtain your written authorization to use and disclosure your protected health information for most marketing purposes.

- **Sale of Protected Health Information** – I must obtain your written authorization for any disclosure of protected health information that constitutes a sale of protected health information.
- **Other Uses and Disclosures** - Any other use or disclosure of your protected health information, other than those listed above, will only be made with your written authorization (unless otherwise permitted or required by law). **Authorizations may be revoked at any time, in writing, except to the extent that I have already used or disclosed health information in reliance on that authorization.**

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information I maintain about you.

- **Right of Access to Inspect and Copy:** You have a right to inspect and copy health information that is contained in a designated record set (e.g., medical and billing records). You must submit your request in writing. All requests to inspect and copy health information will be responded to within 30 days of the written request (with up to a 30-day extension if needed). As permitted by federal or state law, I may charge you a reasonable fee for a copy of your records. If you request an electronic copy and I maintain your protected health information in the form and format you request, we will provide you with an electronic copy in such form and format. There are situations in which I may deny your request for access to your protected health information. Depending on the circumstances of the denial, you have a right to have such decisions reviewed.
- **Right to Amend:** If you believe that health information I have about you is incorrect or incomplete, you have the right to request an amendment to the information for as long as I maintain this information. You must submit your request in writing. The request must include the reason for the request and any supporting documentation. If I deny your request for amendment, you have the right to file a statement of disagreement with me.
- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures I have made, if any, of your protected health information. This right applies only to disclosures for purposes other than for treatment, payment, or health care operations as described in this Notice of Privacy Practices. You must submit your request for an accounting of disclosures in writing and your request must be for a period no longer than 6 years. You have the right to one free request within any 12-month period, but I may charge you for any additional requests in the same 12-month period.
- **Right to Request Restrictions:** You have the right to request that I restrict how I use and disclose your health information that I have for treatment, payment, or healthcare operations, or to restrict the information that is provided to family, friends, and other individuals involved in your care. I am not required to agree with your request, except I must agree not to disclose your protected health information to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service that you paid for in full yourself. If I agree to the requested restriction, I may not use or disclose your protected health information unless it is needed to provide emergency treatment. You must submit your request to restrict disclosures of your protected health information in

writing. Your request must state the specific restriction requested and to whom you want the restriction to apply.

- **Right to Request Confidential Communications:** You have the right to request that I communicate with you in a certain way or at a certain location. For example, you can ask that I only contact you by telephone or by mail or that I only contact you at work or at home. I will accommodate all reasonable requests. You must submit your request for confidential communications in writing.
- **Right to Notification in the Case of a Breach:** I will notify you if you are affected by a breach of unsecured protected health information.
- **Right to Obtain a Paper Copy of This Notice:** You have the right to receive a paper copy of the Notice of Privacy Practices.
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If you believe your privacy rights have been violated, you may file a complaint by contacting the Secretary of the United States Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue S.W., Washington, D.C. 20201. I will not retaliate against you in any way for filing a complaint.