

## NOTICE OF PRIVACY PRACTICES

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

### OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

We understand that health information about you is personal. We are committed to protecting your privacy. We create a record of the care and services you receive from us. We 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 health care practice, whether made by other health care professionals or by us. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that is currently in effect

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose your health information which do not require your consent:

- **For Treatment.** Treatment refers to our provision, coordination, and management of your mental health care. For example, we will use your information to plan your course of treatment. We may also consult with professional colleagues or ask professional colleagues to cover our practice, and we will provide the information necessary to complete these tasks.
- **For Payment.** Payment refers to activities we undertake to obtain or provide reimbursement for the provision of your mental health care. We will use your information to develop accounts receivable information, bill you, and with your consent, to provide information to your insurance company or other third party payer for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. We may also provide information about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** Health care operations are activities we undertake that are regular functions of the management and administrative activities of our practice. For

- example, we may use or disclose your information in the monitoring of service quality, staff evaluation, and obtaining legal services.
- **Contacting You.** We may contact you to remind you of appointments or to cancel or change your appointment. We may also contact you, as we deem necessary, to obtain necessary information or to discuss your care with you.
- **As Required by Law.** We will disclose protected health care information when required by law or necessary for health care oversight. This includes, but is not limited to, reporting child abuse or neglect, when court ordered to release information, when there is a legal duty to warn or take action regarding immanent danger to others, when a client is in immanent danger to himself or gravely disabled, when a coroner is investigating a client's death, to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit program, or regulatory compliance.
- **Crimes on the premises or observed by us.** Crime observed by us or directed towards us, or crimes that occur on the premises will be reported to law enforcement.
- **Business Associates.** Some services, such as billing, legal, auditing, and practice management, may be provided by contracting with outside entities. In such situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Such business associates are required to enter into an agreement maintaining the privacy of the protected health information.

If none of the above reasons applies, then we must get your written authorization to use or disclose your health information. If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. Once you give us authorization to release your health information, we cannot guarantee that the person or organization to which the information is provided will not disclose the information.

#### DISCLOSURE OF PSYCHOTHERAPY NOTES:

Psychotherapy notes are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Access to psychotherapy notes will be restricted to originator of the notes except to defend against a legal action or other proceeding brought by individual or as otherwise required by law.

#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding the health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records.

We may deny your request in certain very limited circumstances. For example, you do not have the right to inspect or obtain a copy of psychotherapy notes. However, we will summarize such notes upon request. If you are denied access to health information, you may request that the denial be reviewed. Another licensed mental health professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of such a review.

To inspect and copy your health information, you must submit your request in writing to your therapist. We may charge you a reasonable fee for the services associated with your request.

- **Right to Amend.** You have the right to request that we amend your health information. We are not required to amend the record if we determine that it is accurate and complete, if the information was not created by us (unless the person or entity that created the information is not longer available to make the amendment), if it is not part of the health information kept by our practice, or if it is not part of the information you would be permitted to inspect or copy.
- **Right to an Accounting of Disclosures.** You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations as previously described, or disclosures made to you, disclosures authorized by your signed authorization, or disclosures made prior to April 14, 2003.
- **Right to Request Additional Restrictions.** You have the right to request a restriction or limitation on the health information we disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you may request that we do not disclose certain information about you to your spouse even if your spouse attends a therapy session. However, we are not required to agree to your request if we believe that it will negatively impact the care we provide you, or if it is not feasible to ensure our compliance. To request a restriction, you must make your request in writing to your therapist. In this request, you must tell us what information you want to limit and to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. Such request must be made in writing to your therapist. Your request must specify how you wish to be contacted. We will accommodate all reasonable requests.
- **Right to Request a Copy of this Notice.** You have the right to request another copy of this notice at any time.

Effective Date: April 14, 2003