

NOTICE OF PRIVACY PRACTICES FOR CLIENTS OF

HEATHER ROSELAREN, LCSW/MPH

This notice describes how mental health and payment information about you may be used and disclosed and how you can get access to some of this information. Please review it carefully.

Purpose of this Notice

As a healthcare provider covered by the Health Insurance Portability and Accountability Act (HIPAA) and other privacy laws, I am required by law to maintain the privacy of your protected health information (PHI) [personally identifiable information about your individual health status and treatment]. This notice applies to all records of the health care and services you receive at my practice. It will tell you about the ways in which I may use and disclose your PHI. This notice also describes your rights and certain obligations I have regarding the use and disclosure of your PHI. Note that much of the language here is mandated by law or regulation—you may find some of it of limited use in your specific situation.

Your Health Record

Each time you attend a counseling session, I make a record of your visit. Typically, this record contains symptoms, diagnoses, notes I make about our session ("session notes"), a plan for further care or treatment, any needed billing and financial information and future schedules. Other records are produced through contact with insurers and other third-party payers.

My Obligations

I am required by law to:

- make sure that your PHI is kept private;
- offer you a copy of this notice of my legal duties and privacy practices with respect to your PHI;
- follow the terms of this notice as long as it is currently in effect; if I revise this notice, I will follow the terms of the revised notice as long as it is currently in effect;
- report any breach of privacy/confidentiality to any affected clients, and mitigate it (lessen the harm) to the extent practical.

How I May Use and Disclose Information About You

The following categories describe the ways I am permitted to use and disclose your protected health information (PHI). Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information fall within the categories below.

For Treatment. I am permitted to use and disclose your PHI to other healthcare providers who may be involved in your medical care.

For Payment. I am permitted to use and disclose your PHI so the treatment and services you receive may be billed to (and payment may be collected from) your insurance company or a third party. I also may tell your health plan or other payer about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the cost.

For Healthcare and Business Operations. I am permitted to use and disclose your PHI for my business operations. For example, I may disclose your PHI to companies or individuals who do the work of billing insurance companies on my behalf. I may use and disclose PHI to contact you to remind you that you have an upcoming appointment.

To Individuals Involved in Your Care or Payment for your Care. I may release your PHI to a family member, other relative or a close personal friend who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. I also may release information to someone who helps pay for your care. In addition, the law authorizes me to disclose your PHI to a group assisting in a disaster relief effort so your family can be notified about your location and/or general condition.

Public Health Activities. I may be required to disclose your PHI for public health activities. These examples are suggested (but note some may not be relevant to ordinary events in my practice): preventing or controlling disease, injury or disability; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notifying the appropriate government authority if I believe a patient has been the victim of abuse, neglect or domestic violence. I will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for government to monitor the healthcare system, government programs and compliance with civil rights and other laws.

Lawsuits and Disputes If you are involved in a lawsuit or dispute, I may disclose your PHI in response to a court or administrative order. I may also disclose your PHI to respond to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to allow you to seek an order protecting the information.

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Law Enforcement I may be required to release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; or in emergency circumstances to report a crime or the location of the crime or victims or the identity, description or location of the person who committed the crime. Unless the courts strike down such requests made without warrants, I may also be required to provide information to identify or locate a suspect, fugitive, material witness or missing person or about suspected criminal conduct that apparently occurred at my office.

Research Under certain circumstances, I may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Most research projects, however, are subject to a special approval process. This process requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with the affected patients' need for privacy. Before I use or disclose PHI for research, the project will have been approved through this special approval process. However, this special approval process is not required when I allow researchers who are preparing a research project to look at information about patients with specific medical needs, so long as the PHI they review does not leave my practice.

To Avert a Serious Threat to Health or Safety I may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. An disclosure however, would only be to law enforcement or public health authorities in order to help prevent the threat.

Armed Forces and Foreign Military Personnel If you are a member of the armed forces, I may release your PHI as required by military command authorities. I may also release PHI about foreign military personnel to the appropriate foreign military authority.

Protective Services for the President and Others I may be required to disclose your PHI to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state, or to conduct special investigations. At some point, the exact meaning and scope of this seemingly open-ended provision may be defined by the courts.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, I may release your PHI to the correctional institution or law enforcement official under specific circumstances such as (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Workers' Compensation. I may release your PHI for workers' compensation or similar programs.

As Otherwise Required by Law. I am required to remind you that I must disclose your PHI when required to do so by federal, state, or local law-presumably for circumstances in addition to those already covered by the preceding exemptions.

When Your Authorization is Required

Uses or disclosures of your PHI for other purposes or activities not listed above will be made only with your written authorization (permission). If you provide me authorization to use or disclose your PHI, you may revoke your authorization in writing at any time. If you revoke your authorization, I will no longer use or disclose your PHI for the reasons covered by your written permission (except as may be required by law). However, I am unable to take back any disclosures I have already made with your permission.

Special Protections for Alcohol and Drug Abuse Information

Alcohol and drug abuse information has special privacy protections. To the extent possible given the law, I will not disclose or provide any PHI relating to any patient's substance abuse treatment unless: (1) there is a patient authorization; (2) a court order requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; (4) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program valuation or (5) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

Your Other Rights

You also have the following other rights regarding the PHI I maintain about you:

Right to Request Restrictions By law, you have the right to request a restriction or limitation on the PHI I use or disclose about you for treatment, payment or health care operations. If you have insurance but choose to pay for my services directly, you have the right to tell me whether or not to disclose any such treatment to your health plan. You also have the right to request a limit on the PHI I disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. In your request, you must tell me: (1) what information you want to limit; (2) to whom you want the limits to apply (for example, disclosures to your spouse); and (3) your contact address. But note the law also says I am not required to agree with your request. If I do agree, I will comply with your request unless the information is needed to provide you with emergency treatment. I will notify you in writing if I do not agree with your request, or if I withdraw my agreement at a later time.

Right to Request Confidential Communications 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 ask that I only contact you by telephone at work or that I only contact you by mail at home. Your request must specify how or where you wish to be contacted, I will attempt to accommodate all reasonable requests.

Right to Inspect and Receive a Copy Ordinarily you have the right to inspect and receive a copy of medical PHI that maybe used to make decisions about your care. However, the law does not provide that right for psychotherapy notes. You do still have the right to inspect or copy your billing records and any other business information I might keep about you. To the extent I keep these records in electronic form, you can request a copy in electronic format. If you request a copy of your PHI, I may charge a fee for the costs of copying, mailing or other supplies associated with your request. I may deny your request to inspect or receive a copy in certain very limited circumstances. If you are denied access to PHI, I will notify you in writing, and you may request that the denial be reviewed. Another licensed health care professional chosen by me will review your request and the denial. I will comply with the outcome of the review.

Right to Amend By law, if you believe that PHI I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept by or for me. You must include a reason that supports your request. I may deny your request if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information that: (1) was not created by me unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by or for me; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete. I will notify you in writing whether I agree or do not agree with your amendment request. Additionally, if I do grant the request, I will make the correction and distribute the correction to those who need it and those you identify that you want to receive the corrected information. If I deny your request for an amendment, you may file a complaint as explained below. Note, however, because psychological notes are exempt from inspection, unless this information is disclosed to you by action of law or other unusual event it may not always be practical to exercise this right.

Right to an Accounting of Disclosures You have the right to request an “accounting of disclosures” that have been made by me in the past six (6) years. The accounting (or list) of disclosures will include: (1) the date of the disclosure; (2) the name of the entity or person who received the PHI and, if known, the address; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure. Your request must state a time period not longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a twelve (12) month period will be free of charge. For additional lists, I will charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Rights After Your Demise Your federal privacy rights continue for 50 years after your death. Until that time, your memory and estate are still entitled to the rights listed here that would be applicable, and I (or whoever might have any surviving records of mine) must not disclose your protected information. You also may request that I do not disclose any records to persons who might otherwise be entitled to them after your death (such as to family members or persons paying for your treatment). I will attempt to follow those instructions unless I have a good reason to make such disclosures.

Administration of these Practices

Changes to this notice As permitted by law, I reserve the right to change this notice. This includes the right to make the revised or changed notice effective for medical information I already have about you as well as any information I receive in the future. I will post a copy of the current notice on my web site.

Copies of this notice You have a right to a paper copy of this notice (if you want one) when you become a client. You may also request a copy of the current notice at any time, either in electronic or paper form. You may also read or download a current copy from my website.

Informal and Official Complaints If you believe your privacy rights have been violated, please contact me to see if we can resolve the issue. You can also file a written complaint with the Secretary of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, Room 509F, HHH Building
Washington, DC 20201.

You will not be penalized or discriminated against for filing a complaint.

Effective Date This Notice of Privacy Practices is effective September 23, 2013.

Acknowledgement of Provision of the Notice of Privacy Practices

I have been offered a copy of Heather Roselaren's Notice of Privacy Practices and a chance to read it and discuss any questions I might have.

I understand that I have the right to receive a paper or electronic copy of the current version of the Notice on request, and that I may read the latest version at any time at HeatherRoselaren.com

your name

your signature

date signed

(if signing on behalf of client, relationship to client)