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## Appendix D: HIPAA Notice

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### **HIPAA: Your Information. Your Rights. My Responsibilities**

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.

#### **You are Protected by a Law Called HIPAA**

We have healthcare laws that protect you. The law says:

- I must keep your healthcare information from others who do not need it.
- You may access your healthcare information.
- You may ask me not to share certain healthcare information in certain situations.

#### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic health record.
- Correct your paper or electronic health record.
- Request confidential communication.
- Ask me to limit the information I share.
- Get a list of those with whom I've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

#### **Your Choices**

You have some choices in the way that I use and share information as I:

- Tell family and friends about your condition;
- Provide mental health care;
- Market my services;
- Raise funding for the services I provide.

#### **My Uses and Disclosures**

I may use and share your information as I:

- Treat you;
- Run my practice;
- Bill for your services (if applicable);
- Help with public health and safety issues;
- Do research;
- Comply with the law;
- Address workers' compensation, law enforcement, and government requests;
- Respond to lawsuits and legal actions.

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## Your Rights

This section explains your rights and some of my responsibilities to help you.

### **Get an electronic or paper copy of your health record**

- You can ask to see or get an electronic or paper copy of your health record and other health information I have about you. Because psychotherapy notes are my personal notes and contain sensitive information that is solely for my use in providing you treatment, you may not receive a copy of them. However, information about any diagnosis, symptoms, treatment plans, and treatment summary can be provided at your request. Ask me how to do this.
- I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

### **Ask me to correct your medical record**

- You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no,” but I will tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask me to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.

### **Ask me to limit what I use or share**

- You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree, and I may say “no” if it would affect your care.

### **Get a list of those with whom I have shared information**

- You can ask for a list (accounting) of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all disclosures except for those about treatment, payment, and service operations, and certain disclosures (such as any you asked me to make). I will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

**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.
- I will make sure the person has this authority and can act for you before I take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel I have violated your rights by contacting me.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- I will not retaliate against you for filing a complaint.

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**Your Choices**

**For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

*If you are not able to tell me your preference, I may share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, I never share your information unless you give me written permission:

- Marketing purposes;
- Sale of your information;
- Most sharing of psychotherapy notes.

In the case of fundraising:

- I may contact you for fundraising efforts, but you can tell me not to contact you again.

## My Uses and Disclosures

### How Do I Typically Use Or Share Your Health Information?

I typically use or share your health information in the following ways.

#### Treat you

- With your written permission (called a ‘release of information’), I can use your health information and share it with other professionals who are treating you.

*Example: If you report physical symptoms (like headaches, a racing heart, or chronic pain) I may ask your doctor about your overall health condition.*

#### Run my practice

- I can use and share your health information to run my practice, improve your care, and contact you when necessary.

*Example: I use health information about you to manage your treatment and services.*

#### Bill for your services (if applicable)

- Healthcare providers can share your health information to bill health plans for your treatment.

### How Else Can I Use Or Share Your Health Information?

I am allowed or required to share your information in other ways. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### Help with public health and safety issues

- I can share health information about you for certain situations such as:
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone’s health or safety.

#### Do research

- With your written consent, I can use or share your information for health research.

#### Comply with the law

- I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.

#### Address workers’ compensation, law enforcement, and other government requests

- I can use or share health information about you:
- For workers’ compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law;
- For special government functions such as military and national security.

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**Respond to lawsuits and legal actions**

- I can share health information about you in response to a court or administrative order, or in response to a subpoena.

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**My Responsibilities**

- I am required by law to maintain the privacy and security of your protected health information.
- I will promptly notify you 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 that I can in writing. If you tell me that I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

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**Changes to the Terms of This Notice**

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request and in my office.

These policies are effective beginning [date]. If you have questions or comments, please contact me at [contact information]. I never market or sell personal information.