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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

The Health Insurance Portability and Accountability Act (HIPAA) establishes a foundation of Federal protection for Personal Health Information (PHI), carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. As such, the Rule generally prohibits a covered entity from using or disclosing your PHI unless authorized by clients, except where this prohibition would result in unnecessary interference with access to quality health care or with certain other public benefits or national priorities.

Ready access to treatment and efficient payment for health care, both of which require use and disclosure of protected health information, are essential to the effective operation of the health care system. In addition, certain health care operations – such as administrative, financial, legal, and quality improvement activities – conducted by or for health care providers and health plans, are essential to support treatment and payment. Many individuals expect that their health information will be used and disclosed as necessary to treat them, bill for treatment, and to some extent, operate the covered entity's health care business. To avoid interfering with an individual's access to quality health care or the efficient payment for such health care, the Privacy Rule permits a covered entity to use and disclose PHI, with certain limits and protections, for treatment, payment and health care operations.

Permitted Uses and Disclosures

A covered entity is permitted, but not required, to use and disclose PHI information, without an individual's authorization for the following purposes or situations:

1. To the individual (unless required for access or accounting of disclosures)
2. Treatment, Payment, and Health Care Operations
3. Opportunity to Agree or Object
4. Incident to an Otherwise Permitted Use and Disclosure
5. Public Interest and Benefit Activities
6. Limited Data Set for the purposes of research, public health or health care operations

Covered entities may rely on professional ethics and judgments in deciding which of these permissive uses and disclosures to make.

Detailed Explanations of Permitted Uses and Disclosures

- 1) **To the individual** - A covered entity may disclose protected PHI to the individual who is the subject of the information.

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2) **Treatment, Payment, Health Care Operations** – A covered entity may use and disclose PHI for its own treatment, payment, and health care operations activities. A covered entity also may disclose PHI for the treatment activities of any health care provider, the payment activities of another covered entity and any health care provider, or the health care operation of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the PHI pertains to the relationship.

- **Treatment** is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.
- **Payment** encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.
- **Health Care Operations** are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing and accreditation; (c) conducting or arranging for medical services, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying PHI, creating a limited data set, and certain fundraising for the benefit of the covered entity.

Most uses and disclosures of psychotherapy notes for treatment, payment, and health care operations purposes require authorization described below. Obtaining “consent” (written permission from individuals to use and disclose their PHI for treatment, payment, and health care operations) is optional under the Privacy Rule for all covered entities. The content of a consent form, and the process for obtaining consent, are at the discretion of the covered entity electing to seek consent.

3) **Uses and Disclosures with Opportunity to Agree or Object** - Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use and disclosure is determined to be in the best interests of the individual.

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For Notification and Other Purposes – A covered entity also may rely on an individual’s informal permission to disclose to the individual’s family, relatives, or friends, or to other persons whom the individual identifies, PHI directly relevant to that person’s involvement in the individual’s care or payment for care. A covered entity may rely on a individual’s informal permission to use and disclose PHI for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual’s care of the individual’s location, general condition, or death. In addition, PHI may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

- 4) **Incidental Use and Disclosure** – The Privacy Rule does not require that every risk of an incidental use and disclosure of PHI be eliminated. A use or disclosure of this information that occurs as a result of, or as “incident to,” an otherwise permitted use and disclosure is permitted as long as the covered entity had adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the “minimum necessary,” as required by the Privacy Rule.
- 5) **Public Interest and Benefit Activities** – The Privacy Rule permits use and disclosure of PHI, without an individual’s authorization or permission, for 12 national priority purposes. These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

The 12 National Priority Purposes:

- *Required by law*
 - *Public Health Activities*
 - *Victims of Abuse, Neglect or Domestic Violence*
 - *Health Oversight Activities*
 - *Judicial and Administrative Proceedings*
 - *Law Enforcement Purposes*
 - *Decedents*
 - *Cadaveric Organ, Eye, or Tissue Donation*
 - *Research*
 - *Serious Threat to Health or Safety*
 - *Essential Government Functions*
 - *Workers’ Compensation*
- 6) **Limited Data Set** – A limited data set is PHI from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed. A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the PHI within the limited data set.

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Authorized Uses and Disclosures

Authorization - A covered entity must obtain the individual's written authorization for any use or disclosure of PHI that is not for treatment, payment or health care operations or otherwise permitted by the Privacy Rule. A covered entity may not condition treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances.

Psychotherapy Notes – A covered entity must obtain an individual's authorization to use or disclose psychotherapy notes with the following exceptions:

- The covered entity who originated the notes may use them for treatment

A covered entity may use or disclose, without an individual's authorization, the psychotherapy notes, for its own training, and to defend itself in legal proceedings brought by the individual, for the U.S Department of Health and Human Services (HHS) to investigate or determine the covered entity's compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner or as required by law.

Other Individual Rights

HIPAA provides you with several new or expanded rights with regard to your records and uses and disclosures of your PHI. These rights include requesting that I amend your designated record set; requesting restrictions on what information in your record is disclosed to others; requesting an accounting of most disclosures of your PHI that you have neither consented to or authorized; determining the location to which PHI disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a copy of this notice, the informed consent and the financial agreement. I am happy to discuss any of these rights with you.

You have the right to file a complaint if you believe that your privacy rights have been violated. You may file your complaint to the U.S. Department of Health and Human Services (HHS). You also may also contact me directly to notify me and discuss the complaint.

By signing this Notice of Privacy Practices, you consent that you understand and agree to its contents.

Printed Name: _____

Signature: _____ Date: _____