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NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to me. I will maintain the privacy of your health information, and I will not disclose your information to others unless you tell me to do so or unless the law authorizes or requires me to do so.

I take a number of steps to ensure the security of my information about you. All clinical files (medical records, case notes, psychotherapy notes, and billing records) are kept in a locked file cabinet, the key to which is kept in a locked drawer when I am not on the premises. Although I am legally required to retain medical records, billing records, and case notes for five years, I regularly shred my psychotherapy notes (which are my detailed record of the content of our sessions). Information stored on my computer is safeguarded by passwords, firewalls, and virus scans. Any information I submit electronically to insurers is encrypted. I prefer not to email clients due to the fact that email sent over open servers is not secure; if you choose to email me, I will respond if it is possible to do so in a way that does not disclose any personal information about you other than what you have already revealed by emailing me.

A new federal law commonly known as HIPAA requires that I take additional steps to keep you informed about how I may use information that is gathered in order to provide health care services to you. As part of this process, I am required to provide you with the attached Notice of Privacy Practices and to request that you sign the attached written acknowledgment that you have received a copy of this Notice. This Notice describes how I may use and disclose your protected health information for purposes of treatment, payment, health care, and other purposes that are permitted or required by law. This Notice also explains your rights regarding the information about you that I keep in my clinical records and describes how you may exercise these rights.

If you have any questions about this Notice, please ask me in person, by phone, or in writing, as you so choose.

NOTICE OF PRIVACY PRACTICES

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

I am required by applicable federal and state law to maintain the privacy of your health information. (This is also a basic ethical principle of my profession which I regard as of vital importance.) I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information (referred to in the law as "Protected Health Information" or "PHI"). I must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about my privacy practices, or for additional copies of this Notice, please ask me in person or via phone message.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

- 1. Treatment:** I am permitted to use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling/psychotherapy services to you. I am permitted to disclose PHI to other health care providers involved in your treatment, but only if I have your written consent.
- 2. Payment:** I am permitted to use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
- 3. Health Care Operations:** I am permitted to use and disclose PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
- 4. Communication regarding appointments and followup to appointments:** I am permitted to use PHI for purposes of reminding you of appointments, sending you information about treatment alternatives or other health related services, rescheduling, etc,
- 5. Required or Permitted by Law:** I am permitted to use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

B. Uses and Disclosures Requiring Your Written Authorization

- 1. Psychotherapy Notes:** My notes regarding the contents of a counseling session with you ("Psychotherapy Notes") are for my use only and will not otherwise be used or disclosed without your

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written authorization. Even with written authorization, I will not release Psychotherapy Notes to anyone if I believe this would be damaging to you or potentially result in harm to you.

2. **Marketing Communications:** I will not use your health information for marketing without your written authorization.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I .A. above will only be made with your written authorization. For example, you would need to sign an authorization form before I could send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. **Right to Inspect and Copy.** You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to my records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.
- B. **Right to Alternative Communications.** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
- C. **Right to Request Restrictions.** You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing. I am not required by law to agree to any such restriction you may request. My Disclosure Statement contains further information about restricting what I put in my psychotherapy notes.
- D. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. **Right to Request Amendment:** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
- F. **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice at any time.
- G. **Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, please let me know. (As I am a sole proprietor, I serve in the federally-mandated role of Privacy Officer for my psychotherapy practice.) You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. **Effective Date.** This Notice is effective on April 13, 2009.
- B. **Changes to this Notice.** I may change the terms of this Notice at any time. If I change this Notice, the new terms will be effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office and will provide you with a copy at your request.

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Deborah Woolley, MSW, LICSW.

Signature of client (or personal representative)

Date

If this acknowledgment is signed by a personal representative on behalf of the client, please complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

For Office Use Only

I attempted to obtain written acknowledgment of receipt of my Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented me from obtaining acknowledgment
- Other (specify)

This form will be retained in your medical record.