

NOTICE OF PRIVACY PRACTICES

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

I. Protected Health Information (“PHI”). PHI is the information created and obtained in providing services to you, and is necessary for me to provide you with quality care and to comply with certain legal requirements. Such information may include documenting your symptoms, goals, medical and treatment history, treatment plans, diagnoses, or any other records of your treatment, and for future care or treatment. PHI also includes billing documents for those services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”). It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to:

- Take appropriate measures to help ensure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice that is currently in effect.

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

II. How I May Use and Disclose Health Information About You. The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures, I will explain what I mean and provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization to carry out the health care provider’s own treatment, payment or health care operations. I may also disclose your PHI for the treatment activities of any health care provider. This, too, may be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in the diagnosis and treatment of your mental health condition. Disclosures for treatment purposes are not limited to the “minimum necessary standard” because

therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order compelling me to do so. I may also disclose health information about your child in response 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 in advance or to obtain an order protecting the information requested.

III. Certain Uses and Disclosures Require Your Authorization.

Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization **unless** the use or disclosure is:

- For my use in treating you.
- For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family or individual counseling or therapy.
- For my use in defending myself in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

Revocation. Even if you do have a signed authorization to disclose your PHI, you may later revoke that authorization, in writing provided to me, to stop any future uses and disclosures not needed of your PHI.

IV. **Certain Uses and Disclosures Do Not Require Your Authorization.** Subject to certain limitations of the law, I may use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with, and is limited to, the relevant requirements of such law.

- For public health activities, including reporting suspected child, elder or dependent-adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including: ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers’ compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers’ compensation laws.
- Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. Uses and Disclosures with Opportunity to Agree or Object. I may obtain your informal permission by asking you to disclose to your family, relatives, friends or other individuals PHI directly relevant to his/her/their involvement in your care, payment for care or instances in which you are incapacitated, in an emergency or not available, or otherwise necessary, in my professional, to be in your best interest. In such circumstances, you have the opportunity to agree, acquiesce or object. This opportunity to consent may be obtained retroactively in emergency situations.

VI. You Have the Following Rights with Respect to Your PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment or health care operations

purposes. I am not required to agree to your request, and I may say “no” if I believe it would negatively affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for in full out-of-pocket.

The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I am required by law to retain your records confidentially for six (6) years. During that time, I will provide you with a copy of your record (including redactions, where appropriate) or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request via a Release of Information/Authorization to Disclose PHI form (signed by all legally competent parties involved in treatment (see “Confidentiality” section of Informed Consent). I may also charge a reasonable, cost-based fee for doing so. After six (6) years, your records will be confidentially destroyed.

The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six (6) years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe there is a mistake in your PHI, or that important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of this Notice.

To Request Information or File a Complaint. If you have questions, would like additional information or want to report a concern regarding the handling of your information, you may contact Nicholette Aragon by phone at 623-300-1904 or by email to nicholette@centralphoenixcounseling.com. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Nicholette Aragon. You may also file a complaint by mailing it to the Secretary of Health and

Human Services (“HHS”). I cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the office. Likewise, I cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

BY CLICKING ON THE CHECKBOX BELOW, I EXPRESSLY AGREE THAT I HAVE READ, UNDERSTAND AND CONSENT TO THE ITEMS AND INFORMATION CONTAINED IN THIS IMPORTANT DOCUMENT REGARDING MY PHI AND TREATMENT.