

# Notice of Privacy Practices

INTROSPECT COUNSELING AND WELLNESS LLC

Phone: 541-329-0439

Fax: 541-229-1259

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on November 20, 2022.

## NOTICE OF PRIVACY PRACTICES

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

**I. MY PLEDGE REGARDING HEALTH INFORMATION:** Introspect Counseling and Wellness, LLC including its providers (referred to in this document as the “Practice”) understands that health information about you and your health care is personal. This Practice is committed to protecting health information about you and required by federal law to maintain the privacy of your Protected Health Information (“PHI”), which is information that identifies you or could identify you.

This Practice creates a record of the care and services you receive from us. The Practice needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which the Practice may use and disclose health information about you and describes your rights to the health information the Practice keeps about you, and describes certain obligations regarding the use and disclosure of your health information. The Practice is required by law to:

- Make sure that protected health information (“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.
- The Practice can change the terms of this Notice, and such changes will apply to all information it has about you. The new Notice will be available upon request, in the office and by request via the patient portal.

**II. HOW THE PRACTICE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** The following categories describe different ways that the Practice uses and discloses health information. For each category of uses or disclosures the Practice will explain what is meant and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways the Practice is 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 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. The Practice and its provider may also disclose your protected health information for the treatment activities of any health care provider. This too can 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 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, the Practice may disclose health information in response to a court or administrative order. The Practice 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 or to obtain an order protecting the information requested.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. The Practice does not keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501. The only notes maintained are in the treatment notes for the day of the visit.
2. Marketing Purposes. As a psychotherapist, the Practice will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, the Practice will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, the Practice can use and disclose your PHI without your Authorization for the following reasons:

1. 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.
2. 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.
3. For health oversight activities, including audits and investigations.
4. 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.
5. For law enforcement purposes, including reporting crimes occurring on the Practice premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.

8. Specialized government functions and National security and intelligence activities, 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.
9. For workers' compensation purposes. Although the preference is to obtain an Authorization from you, the Practice may provide your PHI in order to comply with workers' compensation laws.
10. To help with public health and safety issues. Such as meeting requirements of Public Health to prevent the spread of disease or Secretary of Health and Human Services to investigate or determine compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
11. Inmates. The Practice created or received your PHI in the course of providing care.
12. To Business Associates. To organizations that perform functions, activities or services on behalf of the Practice.
13. Appointment reminders and health related benefits or services. The Practice may use and disclose your PHI to contact you to remind you that you have an appointment with our office. The Practice may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that are offered.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. The Practice may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask the Practice not to use or disclose certain PHI for treatment, payment, or health care operations purposes. The Practice and its providers are not required to agree to your request, and may say "no" if the Practice believes it would affect your health care.
2. 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 out-of-pocket in full.
3. The Right to Choose How The Practice Sends PHI to You. You have the right to ask the Practice to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and the Practice will agree to all reasonable requests.
4. 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 the Practice has about you. The Practice will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and the Practice may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures The Practice Has Made. You have the right to request a list of instances in which the Practice has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization. The Practice will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list the Practice will give you will include disclosures made in the last six years unless you request a shorter time. The Practice will provide the list to you at no charge, but if you make more than one request in the same year, the Practice will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request in

writing that the Practice corrects the existing information or add the missing information. The Practice may say “no” to your request, but will tell you why in writing within 60 days of receiving your request.

7. 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 it.

#### 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 checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.