

Teletherapy Practice of Laura Drucker LCSW: Notice of Privacy Practices

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 (“PHI”). As required by law, this Notice provides you with information about your rights and my legal duties and privacy practices with respect to the privacy of PHI. You may have additional rights under state and local law. Please seek legal counsel from an attorney licensed in your state if you have questions regarding your PHI rights.

I. Permissible Uses and Disclosures Without Written Authorization: There are certain conditions in which I may be permitted or required by law to disclose certain information without your consent. They are as follows

- For treatment purposes: At times I may discuss a case with a professional colleague. In these instances I will omit or change any identifying information. This disclosure is purely to enhance my skills and treatment in a specific situation and is used judiciously. Any colleague is also bound by the same confidentiality laws.
- Abuse and Neglect: I am required to report suspected abuse or neglect of a child (under age 18), disabled person, or elder (age 65 or older).
- Judicial and Administrative Proceedings: Disclosure pursuant to a valid subpoena.
- National Security: Disclosure as necessary in cases of national security.
- Public Safety (Duty to Warn): Disclosure regarding a serious threat of bodily harm or death to an identifiable person(s) as required by law (often referred to as TARASOFF).
- In the event of your incapacity or emergency circumstances, I will disclose your PHI as determined to be appropriate by my professional judgment and to the extent possible, consistent with your prior expressed preferences.
- I may use or disclose your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.
- With your authorization, your credit card will be billed for services and information shared may contain or may be linked to your PHI.
- I may use and disclose your PHI to contact you for appointment or billing reminders, or other service related business.

II. Uses and Disclosures Requiring Your Written Authorization.

- Medical records: I will not release or share your medical records or information contained in your medical records without your written authorization, except as permitted or required by law.
- Psychotherapy notes: I will not disclose the records of our work that I keep separate from the medical record for my personal use, known as psychotherapy notes, except as permitted or required by law.
- Marketing communications, sale of PHI: I must obtain your written authorization prior to using or disclosing your PHI for marketing or the sale of your PHI, consistent with the related definitions and exceptions set forth in HIPAA.

- Other Uses and Disclosures. Uses and disclosures other than those described in this Notice will only be made with your written authorization. You may revoke any such authorization at any time by providing me with written notification of such revocation.

III. Individual Rights Regarding Your PHI:

- 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 affect your health care.
- Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full: You have the right to request restrictions on the disclosure 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.
- Right to Choose How I Send PHI to You: You have the right to request that I contact you in a specific way.
- The Right to See and Get Copies of Your PHI. You have the right to request, in writing, a copy of your medical record. In most circumstances I will provide you with a copy of your record or if you agree, a summary of it, within 30 days of receiving your written request. I may charge a cost based fee for each fulfilled request.
- Right to Accounting of Disclosures: You have the right to request, in writing, a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations. I may charge you a cost based fee for each fulfilled request.
- Right to Request Amendment: You have the right to request amendments to your PHI, in writing and with explanation of why the information should be amended. I may deny your request.
- Right to Obtain Notice: You have the right to a copy of this Notice.
- Right to 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 make choices about your health information.
- Right to File a Complaint. If you think that I may have violated your privacy rights, you have the right to file a complaint. Please contact me directly or you may file a complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint.
- Right to Notification of a Breach: I am required to notify you if I become aware of a breach in the security of your PHI.

IV. Effective Date and Changes to this Notice

- Effective Date: June 1, 2024.
- Changes to this Notice: I can change the terms of this Notice at any time. I may make the terms of the new notice effective for all PHI that I maintain, including information created or received prior to issuing the new notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request and on my website.