

HORIZON THERAPY SERVICES LLC

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This notice went into effect on MAY 14TH, 2024

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how personal, psychological, and medical information about you may be used and disclosed and how you can get access to this information. Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services is referred to as Protected Health Information (“PHI”).

This Notice of Privacy Practices describes how HORIZON THERAPY SERVICES LLC (hereafter “HTS”) may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the APA and NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR TREATMENT

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

1. FOR PAYMENT

We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance

company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

2. FOR HEALTH CARE OPERATIONS

We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. PHI will be disclosed only with your authorization. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

3. WITHOUT AUTHORIZATION

The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The following language addresses these categories to the extent consistent with the APA and NASW Codes of Ethics and HIPAA.

- Child, Elder, Disabled Person Abuse or Neglect: We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect, Elder abuse or neglect or neglect or abuse of a disabled person.
- Judicial and Administrative Proceedings: We may disclose your PHI pursuant to a subpoena, court order, administrative order or similar process. In the event that we are served with such a process, we will, to the extent legally permissible, advise you so that you may seek a protective order or other relief from the court or applicable administrative authority.
- Deceased Clients: We may disclose PHI regarding deceased clients as mandated by state law, or to such persons as to whom you have previously furnished authorization. A release of information regarding deceased clients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- Medical Emergencies: We may use or disclose your PHI in a medical emergency or if there is a serious and imminent threat to your health or safety to medical personnel only in order to prevent serious harm. HTS staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- Health Oversight: If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

- Law Enforcement: We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- Specialized Government Functions: We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations,, mandatory disclosure laws and the need to prevent serious harm.
- Public Health: If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by HTS through a licensed provider.

4. PUBLIC SAFETY

We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

5. RESEARCH

PHI may only be disclosed after a special approval process or with your authorization.

6. FAMILY INVOLVEMENT IN CARE

We may disclose information to close family members or friends directly involved in your treatment as to whom you have previously furnished authorization.

7. WITH AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) except for disclosures made pursuant to paragraph 3 above, disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to HTS.

1. **Right of Access to Inspect and Copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
2. **Right to Amend:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact HTS if you have any questions.
3. **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
4. **Right to Request Restrictions:** Pursuant to 45 CFR § 164.522, you have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Requests must be made in writing. We are required to agree to your request except as otherwise required by the law, the disclosure of PHI is to health plan for the purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. We are required to honor your request for a restriction, except in the event of an emergency.
5. **Right to Request Confidential Communication:** You have the right to request that we communicate with you about health matters in a certain way. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
6. **Breach Notification:** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
7. **Right to a Copy of this Notice:** You have the right to a copy of this notice.

SUPERVISION/CONSULTATION

Occasionally we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or other personal identifiable information.

OUTSIDE CONTACT/INTERACTION

If the provider and client see each other accidentally outside of the therapy office, your provider will not acknowledge you first and will do their best to follow your lead. Your right to privacy and confidentiality is of the utmost importance, and we do not wish to jeopardize your privacy. However, if you acknowledge the provider first, they will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy session. They will always do their best to protect your confidentiality, but at times there may be limitations. For example, if you ask someone in the office building for directions to the provider's office/suite, etc., or if you disclose publicly something about our professional relationship.

ELECTRONIC COMMUNICATION

HTS cannot ensure the confidentiality of any form of communication through electronic media, including SMS/text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. We can also use a secure messaging system through the SimplePractice portal and can keep all communication through there, if you prefer that please inform your provider.

You may choose to opt into or out of receiving SMS/text messages from your provider when you complete the Demographic Form in your intake paperwork. Understand that data rates may apply. You may update your preference at any time through your client portal, or by texting STOP to your provider's number. Your consent is not required to receive services.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with HTS. We will not retaliate against you for filing a complaint.

This consent is in effect until one week past the end of treatment or until a written request is received by HTS to revoke consent.

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.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.