Empower Therapy for Women, LLC

Office 9, 716 Xenia Ave
Yellow Springs, OH 45387

NOTICE OF OUR POLICIES AND PROCEDURES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"
  - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist, counselor, or social worker.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. Or disclosed only to our collections attorney to aid in collecting funds unpaid after 120 days; per the Informed Consent for Treatment.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within Affirmations such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of Affirmations, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations only when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I must obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. **Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse**: If, in my professional capacity, I know or suspect that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired child under 21 years of age, has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, I am required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer. I will inform you if I choose to take this action.
- **Elder Abuse:** If I have reasonable cause to believe that an elder adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, I am required by law to immediately report such belief to the County Department of Job and Family Services. I will inform you if I choose to take this action.
- **Judicial or Administrative Proceedings**: If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and I will not release this information without written authorization from you or your persona or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If I believe that you pose a clear and substantial risk of imminent serious harm to yourself or another person, I may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If you communicate to me an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and I believe you have the intent and ability to carry out the threat, then I am required by law to take one or more of the following actions in a timely manner:
    1) take steps to hospitalize you on an emergency basis,
    2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional,
    3) communicate to a law enforcement agency or the potential victim(s) or their families, the nature of the threat, your identity, and the identity of the potential victim(s).
- **Worker's Compensation**: If you file a worker's compensation claim, I may be required to give your mental health information to relevant parties and officials.
- **Training and Supervision:** Information about you may be shared without your authorization among the members of the Empower Therapy for Women clinical staff for the purposes of consultation, supervision, and/or training.

IV. **Patient's Rights and Psychotherapist's Duties**

Patient's Rights:

- **Right to Request Restrictions** -You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request. If you are in need of emergency treatment, and restricted PHI is needed to provide such treatment, then I may use the restricted PHI and/or disclose such information to other health care providers who are giving the emergency treatment. You also

have the right to restrict certain disclosures of PHI to a health plan if you pay out-of-pocket in full for services.

- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- **Right to Inspect and Copy** - You have the right to inspect and/or obtain a copy of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The only exception to this right is in the case of a court order which blocks a non-residential parent's access to a child's records in separation/divorce situations. I agree to act on a request for a copy of your file within 30 days of the request, however I am allowed an extension of an additional 30 days with a written statement to you about the reasons for the delay and the date by which I will provide a copy. Fees for copies are as follows: $15 for records search; $1 per page for the first 10 pages; $.50 per page for pages 11-50; $.25 per page for pages 51 and higher. You will also be responsible for any postage incurred. The only exception which would eliminate these fees is if a medical record is necessary to support a social security claim, and the request is accompanied by documentation that a claim has been filed.
- **Right to Amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request, and if so, you will be given a written statement of the reason for the denial. On your request, I will discuss with you the details of the amendment process. Requests for amendments will be acted on no later than 60 days after receipt of such a request, with one extension of 30 days allowed if I provide you with a written explanation of the delay.
- **Right to an Accounting** - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – Because you have the right to obtain a paper copy of the notice from me, I am providing it to you now.
- **Right to be Notified of a Breach in Confidentiality of PHI** – You have the right to be notified if there is a breach of your unsecured PHI.

Psychotherapist's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you a copy of the new revised policies and procedures at your next regularly scheduled appointment and/or by mail.

I am required to store and dispose of all written, electronic, and other records of clients in such a manner as to ensure your confidentiality.

V. **Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact Holly Kozee, Ph.D., who will serve as the HIPAA Compliance Officer for Empower Therapy for Women.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. **Effective Date, Restrictions and Changes to Privacy Policy**

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by 30 days of any change in these policies.

AGREEMENT AND ACKNOWLEDGEMENT OF RECEIPT OF HIPAA INFORMATION AND AGREEMENT TO OFFICE POLICIES AND PROCEDURES.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO FOLLOW ALL OF OUR OFFICE POLICIES AND PROCEDURES AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE ATTACHED HIPAA NOTICE.

Signed:_____ Date: _____

Print Name: _____