

THIS NOTICE DESCRIBES HOW MENTAL HEALTH 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

We may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes without your consent under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, Ohio law requires that you provide informed consent regarding the purposes of the services, limits to the services due to legal requirements, relevant costs, reasonable alternatives, your right to refuse or withdraw consent, and the time frame covered by the consent. We also ask for your consent to submit your information for payment purposes, which may include submission of claims to third party payors, for collection purposes, including providing claims information to the Ohio Department of Insurance for Prompt Pay purposes, and for other uses and disclosures as described on our Office and Financial Policies forms. 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 mental health professional.
- 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.
- Health Care Operations are activities that relate to the performance and operation of our mental health practices. 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 our practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my practice, 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 health care operations when your appropriate authorization is obtained. An “authorization” is a specialized form specifically allowing me to disclose information for purposes outside of treatment, payment and/or health care operations. I will also need to obtain an authorization before releasing your psychotherapy notes, except under certain limited circumstances. “Psychotherapy notes” are notes I have made about the conversation you have with a mental health professional during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than other 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 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:

- **Abuse, Neglect, and Domestic Violence:** If I know or have reason to suspect that a child under 18 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 of the child, the law requires that I file a report with the appropriate government agency, usually the County Children Services Agency. If I have reasonable cause to believe that an elderly adult in an independent living setting or in a nursing home is being abused, neglected, or exploited, the law requires that I report such belief to the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- **For Lawsuits and Other Legal 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 personal 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 your mental health therapist believes that you pose a clear and substantial risk of imminent serious harm to yourself or another person, he or she 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, or a knowledgeable person, communicates to your mental health therapist an explicit threat of inflicting imminent and serious physical

harm or causing the death of one or more clearly identifiable victims, and your therapist believes you have the intent and ability to carry out the threat, then he or she may 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 and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).

- **For Health Oversight Activities:** I may use and disclose PHI if a government agency is requesting the information for health oversight activities. Some examples could be audits, investigations, or licensure and disciplinary activities conducted by agencies required by law to take specified actions to monitor health care providers, or reporting information to control disease, injury or disability.

- **For Law Enforcement:** I may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

- **Required by Law:** I will disclose PHI about you when required to do so by federal, state or local law.

- **Information Not Personally Identifiable:** I may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

IV. Patient's Rights and Mental Health Therapist Duties

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, or if you believe I have violated your privacy rights, you have the right to file a complaint in writing to the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

- **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. This restriction on uses and disclosures may not include a limitation affecting my right to make a use or disclosure that is required by law or, when in good faith, to use or disclose to avert a serious threat to health or safety of a person or the public and such use or disclosure is made to a person or persons reasonably able to prevent or lessen the threat (including the target of the threat).

- **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 a mental health therapist. Upon your request, I will send your bills to another address. Or, you may request that I not call you at home. Upon your request, I will contact you at another number.

- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) 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 and the information has been collected for treatment purposes. There are some limited exceptions where you will not be permitted to inspect and copy records involving your PHI, but in those circumstances I will provide you with reasons for any denial of access and notify you of any appeal rights that you might have.

- **Right to Amend:** If you have the right to inspect and copy your records, 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. On your request, I will discuss with you the details of the amendment process.

- **Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI involving disclosure for other than treatment, payment or health care operations or pursuant to an 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:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

VII. My Duties

- I am required by law to maintain the privacy of PHI, to provide you with this notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of this notice.

- I reserve the right to change the privacy policies and practices described in this notice and to make those changes effective for all of the PHI I maintain.

- If I revise our policies and procedures, which I reserve the right to do, I will make available a copy of the revised notice to you on our website, if I maintain one, and one will always be available at our office. You can always request that a paper copy be sent to you by mail.

- In the event that I learn that there has been an impermissible use or disclosure of your unsecured PHI, unless there is a low risk that your unsecured PHI has been compromised, I will notify you of this breach.

VIII. Effective Date

This notice is effective as of July 1, 2019.