

**Privacy Notice Introduction.** This Notice tells you about the ways health information is used. It describes your rights and our obligations regarding the use and disclosure of health information. Over time your therapist may change this Notice. If changed, your therapist is required to inform you of our new privacy policy by making a revised Notice available to you. Your therapists reserve the right to change this notice and make the new provisions effective for all Protected Health Information that we maintain.

**General Privacy Information.** When you contract to be under the care of a therapist, a record is usually kept. These records contain demographic information (such as name, address, telephone number, Social Security Number, birth date, and health insurance information). The records may also contain other information including how you say you feel, what health problems you have, treatments you may have received, observations by health care providers, diagnosis and plan of care. **This is known as Protected Health Information, or PHI**, and is used for a number of purposes explained in detail in this document.

Your PHI may be used and/or disclosed by your therapist for the purpose of providing health care services, to pay or obtain payment for your health care treatment, to inform you about other health-related options, to comply with the law.

**Treatment.** Your therapist will use and disclose your protected health information to provide, coordinate, or manage your care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription or to a subcontracted provider who is also providing services for you. Your therapist may also disclose protected health information to physicians who may be treating you or consulting with the treating therapist with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

**Payment.** Your PHI will be used and disclosed, as needed, to obtain payment for the services provided by your therapist. This may include certain communications to your health insurer to get approval for the treatment that are recommended by your therapist. For example, if a certain level of service is recommended, we may need to disclose information to your health insurer to get prior approval for the level of service. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or to demonstrate that required documentation exists. Your therapist may also disclose patient information to another provider involved in your care for the other provider's payment activities.

**Operations.** Your therapist may use or disclose your PHI, as necessary, for to support the health care operations of the therapist's practice. Health care operations include but are not limited to:

- Quality assessment and improvement activities
- Employee review activities
- Training programs including those in which students, trainees, or practitioners in healthcare learn under supervision
- Accreditation, certification, licensing or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.

In certain situations, we may also disclose consumer information to another provider or health plan for their health care operations

**Other Uses and Disclosures.** As part of treatment, payment and healthcare operations, your therapist may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment including messages left on answering machines
- To inform you of potential treatment alternatives or options
- To inform you of health-related benefits or services that may be of interest to you.

**Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without**

**Authorization or opportunity to Object:** The HIPAA Privacy Rule also allows your therapist to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

**When Legally Required.** Your therapist will disclose your PHI when required to do so by any Federal, State or local law.

**When there are Risks to Public Health.** We may disclose your PHI for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law
- To report vital events such as birth or death as permitted or required by law
- To conduct public health surveillance, investigations and interventions as permitted by law
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law
- To report to employer information about an individual who is a member of the workforce as legally permitted or required.

**To Report Abuse, Neglect Or Domestic Violence.** Your therapist may notify government authorities if we believe that a consumer is the victim of abuse, neglect or domestic violence. This disclosure will be made only when specifically required or

authorized by law or when the client agrees to the disclosure.

**To Conduct Health Oversight Activities.** Your therapist may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. Your therapist will not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** Your therapist may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization (in a format approved by the Louisiana Court Administrator).

**For Law Enforcement Purposes.** Your therapist may disclose your PHI to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, when you are the victim of a crime
- To a law enforcement official if the therapist has a suspicion that your death was the result of criminal conduct
- In an emergency in order to report a crime.

**To Coroners, Funeral Directors, and for Organ Donation.** Your therapist may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. Your therapist may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**For Research Purposes.** Your therapist may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

**In the Event of A Serious Threat To Health Or Safety.** Your therapist may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize your therapist to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**For Worker's Compensation.** Your therapist may release your health information to comply with worker's compensation laws or similar programs.

**Uses and Disclosures That You Authorize:** Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

**Your Rights:** You have the following rights under HIPAA regarding your health information: You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation or used in a civil, criminal, or administrative action or proceeding and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means that you may ask your therapist to not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state that specific restrictions requested and to whom you want the restriction to apply.

Your therapist is not required to agree to a restriction that you request. If the therapist believes it is in your best interest to permit use and disclose of your PHI. Your PHI will not be restricted you then have the right to use another health care professional.

You have the right to have your therapist amend your PHI. If your request for amendment is denied, you have the right to file a statement of disagreement. Your therapist may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Request for amendments must be directed to the Privacy Officer. In this written request you must also provide a reason to support the requested amendments.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

**Complaints.** You may complain to your therapist if you believe your privacy rights have been violated.

Your signature below is acknowledgment that you have received this notice of Privacy Practices.

Client/ Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_