



## NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPPA) establishes patient rights and protections associated with the use of protected health information. HIPPA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“the security rules”). Providers and health care agencies are required to provide patients with a notification of their privacy rights as it relates to their health care records.

This Patient Notification of Privacy Practices informs you of your rights. Please carefully read this form as it is important that you know and understand the patient protections HIPPA affords you as a patient.

In mental health care, confidentiality and privacy are vital to the success of the therapeutic relationship. Therefore, I will do all that I can to protect the privacy of your mental health records. Please feel free to ask me any questions that you may have regarding the matters discussed in this Patient Notification.

Please print, sign, and date this form below to acknowledge your understanding of Privacy Practices/HIPPA.

**I, \_\_\_\_\_, have been provided with a copy of The Patient Notification of Privacy Practices. My signature below indicates that I had the opportunity to review this document prior to signing it.**

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

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



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### **I. Preamble**

Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPPA clearly defines what kind of information is to be included in your designated medical record as well as some other material, known as “psychotherapy notes”, which is not accessible to insurance companies and/or other third-party reviewers, and in some cases, not to the patient himself/herself. HIPPA provides privacy protections about your personal health information, which is called “protected health information (PHI)”, that could personally identify you. PHI consists of three (3) components: treatment, payment, and health care operations.

Treatment refers to activities in which we provide, coordinate, or manage your mental health care or other services related to your health care. Examples include a counseling session or communication with your primary care provider about your medical condition.

Payment is when Jennifer Young, MA, LPC obtains reimbursement for your mental health care or other services related to your health care. Health care operations are activities related to my performance, such as quality assurance. The use of your protected health information refers to activities such as scheduling appointments, keeping records, and other tasks related to your care.

Disclosures refer to activities you authorize, such as the sending of your protected health information to other parties (i.e. your insurance company, primary care provider, etc).

### **II. Uses and Disclosures of Protected Health Information Requiring Authorization**

If you request Jennifer Young, MA, LPC to send any of your protected health information of any sort to anyone, you must first sign a specific authorization to release information to this outside party. A copy of that authorization form is available on my website and upon request.



In recognition of the importance of the confidentiality of conversations between therapist and patients in treatment settings, HIPPA permits keeping “psychotherapy notes” separate from the overall “designated medical record”. “Psychotherapy notes” are the therapist’s notes “recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group, or joint family counseling session and that are separated from the rest of the patient’s medical record”. “Psychotherapy notes” are private and contain information about you and your treatment. “Psychotherapy notes” are not the same as “progress notes”, which could include any of the following: medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

### **III. Business Associates Disclosures**

HIPPA requires that we train and monitor the conduct of those performing ancillary administrative services and refers to these individuals as “Business Associates”. In my practice, this includes any secretaries and/or billing staff. These individuals are trained in my privacy practices and are monitored for compliance in protecting patient confidentiality.

### **IV. Uses and Disclosures Not Requiring Consent or Authorization**

By law, protected health information may be released without your consent or authorization under the following conditions:

- Suspected or known child abuse or neglect
- Suspected or known sexual abuse of a child
- Adult and Domestic abuse
- Judicial or administrative proceedings (i.e. you are court-ordered for treatment)
- Serious threat to health or safety of self and/others (i.e. “Duty to Warn”)

### **V. Patient’s Rights and My Duties**

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information, which I may or may not agree to, but if I do, such restrictions shall apply unless our agreement is changed in writing.
- The right to receive confidential Communications by alternative means and at alternative locations. For example, you may not want form was



mailed to your home address so I will send them to another location of your choice.

- The right to inspect and copy you are protected health information in the designated record and any billing records for as long as protected-health information is maintained in the record.
- The right to insert an amendment in your protected health information, although the therapist may deny an improper request and/or respond to any amendments you make to your record of care.
- The right to an accounting of non-authorized disclosures of your protected health information.
- The right to a paper copy of notices/information from Jennifer Young, MA,, LPC, even if you have previously requested electronic transmission of notices/information.
- The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask me for further assistance on these matters. Jennifer Young, MA, LPC is required by law to maintain the privacy of your protected health information and to provide you with a Notice of your Privacy Rights and duties regarding your PHI. Jennifer Young, MA, LPC reserves the right to change my privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of these policies when you come for future appointments. My duties include maintaining the privacy of your protected health information, providing you with a notice of your rights and my privacy practices with respect to you PHI, and abiding by the terms of the notice unless it is changed and you are so notified.

#### **VI. Complaints**

If you have any concerns that your privacy rights may have been somehow compromised, please do not hesitate to speak with me regarding this matter. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

#### **VII. Effective Date**

This notice shall go into effect September 1, 2017 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.