

Sea Glass Psychological Services, Inc.

NOTICE OF PRIVACY PRACTICES

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. If you have any questions regarding your rights or privacy, please inquire or reference <http://www.hhs.gov/ocr/privacy>.

MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting your health information. I create a record of your care and need this record to provide you with quality care and comply with certain legal requirements. This notice applies to all records of your care generated by this practice and describes the ways I may use and disclose health information about you as well as your rights to health information I keep about you. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. Not every use/disclosure will be listed, however, all of the ways I am permitted to use/disclose information falls within the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider in order to assist in your mental health diagnosis and treatment. This can be done without your written authorization. Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and health care providers need access to full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep psychotherapy notes as that term is defined in 45 CFR § 164.501, and any use/disclosure of such notes requires your Authorization unless the use/disclosure is: a. For my use in treating you. b. For my use in training/supervising mental health practitioners to improve their skills in group, joint, family, or individual counseling/therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate compliance with HIPAA. e. Required by law and the use/disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of psychotherapy notes. g. Required by a coroner performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. I will not use/disclose your PHI for marketing purposes.
3. Sale of PHI. I will not sell your PHI in the regular course of my business.

CERTAIN USES/DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use/disclose your PHI without Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use/disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety. Please note that this situation includes if I need to provide information for public health notification related to COVID exposure or infection. Only the minimum necessary identifying information would be provided to public health.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy vs. those who received another form for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting safety of military/government personnel; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or payment for your health care, unless you object in whole or in part. Consent may be obtained retroactively in emergency situations.

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YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request and may decline if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you a copy of your record, or summary of it, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on January 22, 2020. Updated June 17, 2020.