
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law, I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my scope of practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside of my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and privacy policies at any time. Any changes will apply to PHI already on file. Before I make any important changes to my policies, I will change this Notice and post a new copy of it on my website. You may also request a copy of this Notice, or you can view a copy on my website at www.theresahennesseylcsw.com.

II. HOW I WILL USE AND DISCLOSE YOUR PHI.

I may need to use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I may use and disclose your PHI without your consent, unless otherwise required by law, for the following reasons:

- 1. For Treatment.** I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.

Example: If a psychologist is treating you, I may disclose your PHI to her/him in order to coordinate your care.

- 2. For Health Care Operations.** I may use and disclose your PHI to facilitate the efficient and correct operation of my practice.

Examples: I may use your PHI in connection with quality assessment and improvement activities, conducting training programs, accreditation, certification, licensing or credentialing activities. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

- 3. To Obtain Payment for Treatment.** I may use and disclose your PHI to bill and collect payment for the treatment and services provided.

Example: I may send your PHI to your insurance company or health plan in order for you to get payment for the health care services that were provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, accounting services, and others that process health care claims for my office.

- 4. Patient Incapacitation or Emergency.** I may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists.

Examples: Your consent is not required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent, but you are unable to communicate (i.e., if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.**

Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.

- 2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- 3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 4. If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.**
- 5. To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- 6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if it is determined that disclosure is necessary to prevent the threatened danger.**
- 7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law.** For example, if I have a reasonable suspicion of child abuse or neglect.
- 8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law.** For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.
- 9. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
- 10. For public health activities.**

Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.

- 11. For health oversight activities.**

Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

12. For specific government functions.

Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

13. For research purposes. In certain circumstances, I may provide PHI in order to conduct research.

14. For Workers' Compensation purposes. I may provide PHI in order to comply with Workers Compensation laws.

15. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

16. I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.

Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

18. If disclosure is otherwise specifically required by law.

C. 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 individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIA, IIB, and IIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I have not taken any action subsequent to the original authorization) of your PHI. I will not use or disclose your PHI for marketing purposes. I will not sell your PHI in the regular course of my practice.

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it, excluding “psychotherapy notes” as the term is defined in 45 CFR § 164.501; however, you must request it in writing. Under certain circumstances, I may feel that I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have the denial reviewed. If you ask for copies of your PHI, I will charge you not more than \$1 per page plus \$100 per hour to generate your health information. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in

emergency situations. I do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

- C. The Right to Choose How I Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI in the format you requested without undue inconvenience.
- D. The Right to Get a List of the Disclosures We Have Made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, (i.e., those for treatment, payment, or health care operations), sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before March 15, 2021. After March 15, 2021, disclosure records will be held for six years. 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 cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.
- A. The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, under circumstances.
- B. The Right to Get This Notice by Email.** You have the right to get this notice by email. You have the right to request a paper copy of it, as well. An updated copy will also always be posted on my website.

IV. QUESTIONS AND COMPLAINTS

If you have any questions about this notice or any complaints about these privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at theresa@theresahennesseylcswh.com (email) or 818-584-2494 (phone). You also may submit a written complaint to the U.S. Department of Health and Human Services. I support your right to privacy of your health information. I will not retaliate in any way if you choose to file a complaint with me or with the U.S. Department of Health and Human Services.

V. EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on **March 15, 2021.**

**ACKNOWLEDGEMENT OF RECEIPT OF
'NOTICE OF PRIVACY PRACTICES'**

I hereby testify that I have received the 'Notice of Privacy Practices' and I have been provided an opportunity to review it thoroughly. I hereby certify that I have read and understood the 'Notice of Privacy Practices' and that I have received answers to questions regarding my privacy rights.

_____/_____/_____
PRINTED NAME OF CLIENT DATE

_____/_____/_____
SIGNATURE OF CLIENT DATE