

Paula Andree LISW-S

17 Blue Line Drive Athens Ohio 45701 614-530-8800

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. PLEASE REVIEW IT CAREFULLY.

I am required by law to maintain the privacy and security of your protected health information (PHI) and to provide you with this Notice of Privacy Practices (Notice). I must abide by the terms of this Notice and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information about you. The new Notice will be available, upon request, in my office.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization (Authorization). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

Uses (Inside Practice) and Disclosures (Outside Practice) relating to treatment, payment or health care operations do not require your written consent. I can use and disclose your PHI without your Authorization for the following reasons:

1. For your treatment. I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.
2. To obtain payment for your treatment. I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the services that I have provided to you, although my preference is for you to give me an Authorization to do so.
3. For health care operations. I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require your Authorization.

1. Psychotherapy notes. I may keep psychotherapy notes and any use or disclosure of such notes requires your Authorization unless the use or disclosure is a) for my use in treating you b) for my use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family or individual 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 my compliance with HIPAA e) required by law, and the use of disclosure is limited to the requirements of such law f) required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes g) required by a coroner who is performing duties authorized by law h) required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

Certain Uses and Disclosures Do Not Require Your Authorization

1. When disclosure is required by state or federal law, and the use or 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.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order.
5. For law enforcement purposes, including reporting crimes occurring on the office premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of clients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including ensuring the proper execution of military missions, protecting the President of The United States, conducting intelligence or

counter intelligence operations or helping to ensure the safety of those working within or housed in correctional institutions.

9. For workers' compensation purposes.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives or other health care services that I offer.

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 for the payment of your health care, unless you object whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING 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 I may say no if I believe it would affect your health care.
2. The right to request restrictions of for out of pocket expenses paid 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 service that you have paid out of pocket for 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 phone or office phone) 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 a copy of your medical record and the other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to a summary, within 20 days of receiving your written request. I may charge a reasonable fee for doing so.
5. The right to get a list of 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.

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 to get a paper copy of this Notice and you have the right to get a copy of this notice via email.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer of my practice. My address is 17 Blue Line Dr. Athens OH 45702

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil rights by

1. Sending a letter to 200 Independence Avenue SW, Washington DC 20201
2. Calling 1-877-696-6775
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

Effective date of this notice

This notice went into effect on August 15, 2014