

ILLUMADELL COUNSELING 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 THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you may identify you as it relates to your past, present or future physical or mental health or condition and related health care services. It is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. I am committed to protect health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information

I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

- ❖ **For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose PHI to any other consultant only with your authorization. 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.
- ❖ **For Payment:** I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

- ❖ **For Health Care Operations:** I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, reminding you of appointments, conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., collections agency, electronic health records company/Simple Practice) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.
- ❖ **For Psychotherapy Notes:** I do keep “therapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: For my use in defending myself in legal proceedings instituted by you.

Marketing Purposes: As a therapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI: As a therapist, I will not sell your PHI .

Required by Law. Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

- ❖ **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.
- ❖ **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, I may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. I will only disclose the protected health information directly relevant to their involvement in your care or payment. I may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

FOLLOWING IS A LIST OF THE CATEGORIES OF USES AND DISCLOSURES PERMITTED BY HIPAA WITHOUT AN AUTHORIZATION.

- ❖ Child Abuse or Neglect, Elder or Dependent Adult Abuse. I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect, elder or dependent adult abuse or preventing or reducing a serious threat to anyone’s health or safety.
- ❖ Judicial and Administrative Proceedings. I may disclose your PHI pursuant to a subpoena, court order, administrative order or similar process. Although, my preference is to obtain an authorization from you before doing so.
- ❖ For Law Enforcement Purposes, including reporting crimes occurring on my premises.

- ❖ Deceased Patients. I may disclose PHI regarding deceased patients as mandated by state law or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- ❖ Medical Emergencies. I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
- ❖ Family Involvement in Care. I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- ❖ Health Oversight. If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- ❖ Law Enforcement. I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- ❖ Specialized Government Functions. I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
- ❖ Public Safety. I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- ❖ For Worker's Compensation Purposes. Although my preference is to obtain an Authorization from you first. I may provide your PHI in order to comply with worker's compensation laws. For 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 or benefits that I offer.
- ❖ Verbal Permission. I may use or disclose your information to family members that are directly involved in your treatment with your verbal or written permission.
- ❖ Without Authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other

situations. The types of uses and disclosures that may be made without authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me -Naomi Madell-Hernandez the Privacy Officer at IlluMadell Counseling, (nmh@illumadellcounseling.com)

- Right of Access to Inspect and Copy. Other than psychotherapy notes, You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted in situations where there is compelling evidence that access would cause harm to you. You have the right to get an electronic or paper copy of this medical record and other information that I have about you. I can either provide you with a copy of your record, or a summary of it. If you request a summary of your record it must be done in writing and may take up to 30 days to complete. I may charge a reasonable, cost based fee for copies and summaries.
- Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information; although, I am not required to agree to the amendment. If I do not agree to amend your PHI I will tell you in writing within 60 days of receiving your request.
- Right to an Accounting Disclosures. You have the right to request an accounting of certain disclosures that I make of your PHI. I will respond to your request within 60 days of receiving it. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year (12 month period), I will charge you a reasonable fee for each additional request.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location (home or office phone) or to send mail to a different address and I will agree to all reasonable requests.
- Breach Notification. If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened, date breach happened and what you can do

to protect yourself from potential harm. What I am doing to investigate, mitigate harm, and prevent further breaches.

- Right to a Copy of this Notice. You have the right to a copy of this notice either in paper form or electronically.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact me the Privacy Officer, Naomi Madell-Hernandez, at the telephone and/or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at IlluMadell Counseling or with the Secretary of the Department of Health and Human Services or Texas Attorney General's office. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. I will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health
and Human Services
Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775
<http://www.hhs.gov/contacts>

Office of the Texas Attorney General
Consumer Protection Division
PO Box 12548
Austin, TX 78711-2548
Tel: (512) 463-2100
Toll Free: (800) 252-8011
<https://www.oag.state.tx.us/forms/cpd/form.php>

IlluMadell Counseling
Naomi Madell-Hernandez
Privacy Officer
Phone: 346-456-1380
e-mail: nmh@illumadellcounseling.com

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on May 15, 2020