



PRIVACY NOTICE

This notice describes how medical and mental health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

I. Policy Statement

This practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from my practice and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of my practice, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

II. Uses and Disclosures for Treatment, Payment, and Health Care Operations

By law, I may disclose your PHI, for treatment, payment, and health care operations purposes with your written authorization. I may use your PHI for these purposes without your authorization. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health professional.
 - *Payment* refers to the process of obtaining reimbursement for your health care from you or the person responsible for paying for your health care (e.g., a parent, guardian, or other such insurance policyholder). Examples of payment are when I disclose your PHI to your health insurer to facilitate reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- “Use” applies only to activities within this practice group, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of this practice group, such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

III. Other Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes that a psychotherapist may have made about the conversation during an individual, group, joint, or family psychotherapy session, which are kept separate from your clinical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

IV. Uses and Disclosures Without Authorization

By law, this practice may use or disclose PHI without your consent or authorization in the following normal circumstances:

- *De-identified Information* – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
- *Business Associate* – To a business associate, which is someone who the Practice contracts with to provide a service necessary for your treatment, payment for your treatment, and health care operations (e.g., billing service or transcription service). The Practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

- *To You or a Personal Representative* – To you, or a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

By law, this practice may use or disclose PHI without your consent or authorization in the following special circumstances:

- *Child Abuse* – If I know or have reasonable cause to suspect in my professional capacity that an identified child has been or is in immediate danger of being a mentally or physically abused or maltreated child, I must immediately report such knowledge or suspicion to the appropriate authority.
- *Abuse of a Vulnerable Adult* – If I believe that a vulnerable adult (e.g., an elderly individual, or persons with serious developmental disabilities or serious mental illnesses) is in need of protective services because of abuse or maltreatment by another person, I must immediately report this belief to the appropriate authorities.
- *Health Oversight Activities* – Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under N.Y. law and I will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Law Enforcement Purposes*. In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (e.g., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Practice; and (6) a medical emergency (not on the practice's premises) has occurred, and it appears that a crime has occurred.
- *Serious Threat to Health or Safety* – If I believe disclosure of PHI is necessary to protect you or another individual from a substantial risk of imminent and serious physical injury, I may disclose the PHI to the appropriate individuals.

- *Specialized Government Functions* – When the appropriate conditions apply, the practice may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The practice may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.
- *Worker’s Compensation* – If I am treating you for Worker’s Compensation purposes, I must provide periodic progress reports, treatment records, and bills upon request to you, the N.Y. Office of Hearings and Adjudication, your employer, and your insurer or their representatives.
- *Required by Law* – If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

V. Patient’s Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (e.g., I will send your bills to another address at your request).
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but, in some cases, you may have this decision reviewed. You may be denied access to Psychotherapy Notes if I believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. I shall notify you or your representative if I do not grant complete access. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

- *Right to an Accounting* – You have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.
- *Right to Revocation* – You have the right to revoke any Authorization, in writing, at any time, by providing the practice with a written notice of your revocation.
- *Right to a Breach Notification* – You have the right to be notified following a breach of your unsecured PHI if so required by law.
- *Right to Register a Complaint* – You have the right to complain to the practice, or to the Secretary of Health and Human Services, Office of Civil Rights. You may contact a regional office of the Office of Civil Rights, which can be found at www.hhs.gov/ocr/office/about/rgn-hqaddresses.html. All complaints must be in writing.

VI. Mental Health Professional's/Practice's Duties:

- I am required by law to maintain the privacy of PHI, and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- I will not retaliate against you for making a complaint.
- I am required by law to abide by the terms of this Notice.
- If I revise these policies and procedures, I will provide you with a revised Privacy Notice.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on January 1st, 2022. You may exercise any of the rights described in this notice by sending a written request to the following email address: admin@coronapsych.sprucecare.com.