



Neurodiverse Therapy, LLC

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

### **Background**

The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights.

### **How the Rule Works**

**General Rule.** The Privacy Rule provides that an individual has a right to adequate notice of how a covered entity may use and disclose protected health information about the individual, as well as his or her rights and the covered entity's obligations with respect to that information. Most covered entities must develop and provide individuals with this notice of their privacy practices.

The Privacy Rule does not require the following covered entities to develop a notice:

- C Health care clearinghouses, if the only protected health information they create or receive is as a business associate of another covered entity. See 45 CFR 164.500(b)(1).
- C A correctional institution that is a covered entity (e.g., that has a covered health care provider component).
- C A group health plan that provides benefits only through one or more contracts of insurance with health insurance issuers or HMOs, and that does not create or receive protected health information other than summary health information or enrollment or disenrollment information.

See 45 CFR 164.520(a).

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Content of the Notice. Covered entities are required to provide a notice in *plain language* that describes:

- C How the covered entity may use and disclose protected health information about an individual.
- C The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity.
- C The covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information.
- C Whom individuals can contact for further information about the covered entity's privacy policies.

The notice must include an effective date. See 45 CFR 164.520(b) for the specific requirements for developing the content of the notice.

A covered entity is required to promptly revise and distribute its notice whenever it makes material changes to any of its privacy practices. See 45 CFR 164.520(b)(3), 164.520(c)(1)(i)(C) for health plans, and 164.520(c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.

#### Providing the Notice.

- C A covered entity must make its notice available to any person who asks for it.
- C A covered entity must prominently post and make available its notice on any web site it maintains that provides information about its customer services or benefits.
- C *Health Plans* must also:
  - < Provide the notice to individuals then covered by the plan no later than April 14, 2003 (April 14, 2004, for small health plans) and to new enrollees at the time of enrollment.
  - < Provide a revised notice to individuals then covered by the plan within 60 days of a material revision.
  - < Notify individuals then covered by the plan of the availability of and how to obtain the notice at least once every three years.
- C *Covered Direct Treatment Providers* must also:

- < Provide the notice to the individual no later than the date of first service delivery (after the April 14, 2003 compliance date of the Privacy Rule) and, except in an emergency treatment situation, make a good faith effort to obtain the individual's written acknowledgment of receipt of the notice. If an acknowledgment cannot be obtained, the provider must document his or her efforts to obtain the acknowledgment and the reason why it was not obtained.
- < When first service delivery to an individual is provided over the Internet, through e-mail, or otherwise electronically, the provider must send an electronic notice automatically and contemporaneously in response to the individual's first request for service. The provider must make a good faith effort to obtain a return receipt or other transmission from the individual in response to receiving the notice.
- < In an emergency treatment situation, provide the notice as soon as it is reasonably practicable to do so after the emergency situation has ended. In these situations, providers are not required to make a good faith effort to obtain a written acknowledgment from individuals.
- < Make the latest notice (i.e., the one that reflects any changes in privacy policies) available at the provider's office or facility for individuals to request to take with them, and post it in a clear and prominent location at the facility.

C A covered entity may e-mail the notice to an individual if the individual agrees to receive an electronic notice.

See 45 CFR 164.520(c) for the specific requirements for providing the notice.

#### Organizational Options.

C Any covered entity, including a hybrid entity or an affiliated covered entity, may choose to develop more than one notice, such as when an entity performs different types of covered functions (i.e., the functions that make it a health plan, a health care provider, or a health care clearinghouse) and there are variations in its privacy practices among these covered functions. Covered entities are encouraged to provide individuals with the most specific notice possible.

C Covered entities that participate in an organized health care arrangement may choose to produce a single, joint notice if certain requirements are met. For example, the joint notice must describe the covered entities and the service

delivery sites to which it applies. If any one of the participating covered entities provides the joint notice to an individual, the notice distribution requirement with respect to that individual is met for all of the covered entities. See 45 CFR 164.520(d).

### **Frequently Asked Questions**

To see Privacy Rule FAQs, click the desired link below:

**[FAQs on Notice of Privacy Practices](#)**

**[FAQs on ALL Privacy Rule Topics](#)**

(You can also go to [http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std\\_alp.php](http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php), then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)

Stacey Zimmerman, MSW, LCSW is committed to protecting your privacy. Federal law requires all medical providers to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. It is required to provide you with this Notice of Privacy Practices, which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

#### **YOUR RIGHTS**

Your rights regarding PHI are explained below.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The practice may charge you a reasonable fee.
- The practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way. The Practice will say “yes” to all reasonable requests.

To limit what is used or shared.

- You can ask the practice not to use or share PHI for treatment, payment, or business operations. The practice is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask the practice not to share PHI with your health insurer.
- You can ask for the practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared.

- You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

## OUR USES AND DISCLOSURES

### 1. Routine Uses and Disclosures of PHI

The practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The practice typically uses or shares your health information in the following ways:

To treat you.

- The practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The practice gives PHI to your health insurance plan so it will pay for your services.

### 2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: To prevent a serious and imminent threat.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Organ Donation: For organ donation or transplantation.
- Research: For research that has been approved by an institutional review board.
- Inmates: The practice created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object Unless you object, the Practice may disclose PHI:

To your family, friends, or others if PHI directly relates to that person's involvement in your care.

If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

Marketing, sale of PHI, and psychotherapy notes.

You may revoke your authorization, at any time, by contacting the practice in writing, using the information above. The practice will not use or share PHI other than as described in notice unless you give your permission in writing.

**OUR RESPONSIBILITIES**

- The practice is required by law to maintain the privacy and security of PHI.
- The practice is required to abide by the terms of this notice currently in effect. Where more stringent state or federal law governs PHI, the practice will abide by the more stringent law.
- The practice reserves the right to amend notice. All changes are applicable to PHI collected and maintained by the practice. Should the practice make changes, you may obtain a revised notice by requesting a copy from Stacey Zimmerman, MSW, LCSW.
- The practice will inform you if PHI is compromised in a breach.

This Notice is effective on 07/01/2021.

By signing this document, I have read and understand my privacy rights in its entirety.

Client print name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Client date of birth: \_\_\_\_\_

Date: \_\_\_\_\_



Stacey Zimmerman, MSW, LCSW

Date: 7/1/2021