

## **Limits of Confidentiality & Notice of Privacy Practices**

### **Georgia C Fitzsimmons Psychotherapy LLC**

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

#### **DUTY TO WARN AND PROTECT**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the emergency contact designated by the client.

#### **ABUSE OF CHILDREN AND VULNERABLE ADULTS**

If a client states or suggests they are abusing, recently abused, or is in danger of abusing a child or vulnerable adult, the mental health professional is required to report this to the appropriate social service and/or legal authorities.

If a client is a vulnerable adult and the therapist has reasonable suspicion to believe they have recently been abused, are being abused, or are at risk of being abused, then the mental health profession is required to report this to the appropriate social service and/or legal authorities.

#### **PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES**

If the mental health care professional suspects or a client admits to prenatal substance exposure, the professional is required to report this to the appropriate social services.

#### **MINORS/GUARDIANSHIP**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

#### **INSURANCE PROVIDERS (when applicable)**

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

#### **HIPAA / NOTICE OF PRIVACY PRACTICES**

I am required to give this notice to you under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. This notice describes how psychological/ medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Your Protected Health Information (PHI) is any information about your past, present or future physical or mental health conditions or treatment, or any other information that could identify you. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will use and disclose your PHI.

## HOW I MAY USE AND DISCLOSE YOUR PHI

I may use and disclose your PHI for various reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

## USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT OR HEALTH CARE

### OPERATIONS DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT

I can use and disclose your PHI without your consent for the following reasons:

**Treatment:** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you're being treated by a psychiatrist, I can disclose your PHI to your psychiatrist in order to coordinate your care. However, it is my practice to only do so if you have directly authorized me in writing, unless a threat to your safety is involved.

**Payment For 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 send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to business associates, such as a billing company. All business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Health Care Operations:** I can disclose your PHI to operate my practice. This may include accountants, attorneys, consultants, and others to make sure I am complying with applicable laws.

### CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT

I can use and disclose your PHI without your consent or authorization for the following reasons:

Child Abuse: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement authorities.

Adult & Domestic Abuse: If I have reasonable cause to believe that abandonment, abuse, financial exploitation, sexual or physical assault or neglect of a vulnerable adult has occurred, I must immediately report it to the appropriate authorities.

Judicial or Administrative Proceedings: If you are involved in a court proceeding, I will release information only with the written authorization from you/your legal representative, a court order, or a subpoena of which you have been notified.

Public Health Activities: This may include notifying a person who may have been exposed to a disease or may be at risk for contracting a disease

Health Oversight Activities: This may include audits and investigations.

Serious Threat to Health or Safety: I may disclose your mental health information to any person without authorization if I reasonably believe that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

Specific Government Functions: I may disclose PHI of military personnel and veterans in certain situations. I may also disclose PHI for national security purposes or conducting intelligence operations.

Worker's Compensation: I may provide PHI in order to comply with workers' compensation laws.

Appointment Reminders and Health Related Benefits or Services: I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO

OBJECT

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

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

Right to Request Restrictions: You have the right to ask that I limit how I use and disclose your PHI. However, I am not required to agree to a restriction you request.

**Right to Receive Confidential Communications:** You have the right to request that I communicate with you by alternative means or at alternative locations. For example, if you do not want me to mail bills or other materials to your home, you can request that this information be sent to another address. I will agree to your request so long as I can easily provide the PHI to you in the format you requested.

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of PHI in the mental health and billing records used to make decisions about you for as long as your record is maintained, up to 6 six years after the date of your last service.

“Psychotherapy notes” are not a part of your PHI and; therefore, not available to you. In certain situations, I may deny your request. If I do, I will tell you my reasons for the denial and explain your right to have my denial reviewed.

**Right to an Accounting of Disclosures:** You have the right to get a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes or to corrections or law enforcement personnel. On your request, I will discuss the details of the accounting process with you.

**Right to Amend:** You have the right to request that your PHI is amended. I am not required to amend the record if it is determined that the record is accurate and complete. On your request, I will discuss the details of the amendment process with you.

**Right to a Paper Copy:** You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.

**Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

## HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me at the address, phone number or email below. If you believe that your privacy rights have been violated and wish to file a complaint, you may give the written complaint to me or mail it to: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

This notice went into effect on April 14th, 2003. The latest version was effective September 15th, 2013. I am required by law to maintain the privacy of your PH and to provide you with this notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that I maintain. I will provide you with a revised Notice if

this becomes necessary.

I have read and understand my rights regarding my PHI and consent to the aforementioned. I consent to sharing information provided here.