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NOTICE OF PRIVACY PRACTICES/HIPAA

Your Rights/Your Choices/Our Responsibilities

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.

Your Rights

Get an electronic or paper copy of your medical record

- ⑩ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- ⑩ We will provide a copy or a summary of your health information, usually within 30 days of your request. As noted in the “Treatment Contract,” we will charge a fee for this service.

Ask us to amend your medical record

- ⑩ You can ask us to amend health information about you that you think is incorrect or incomplete.
- ⑩ We may say “no” to your request, but we will provide the reason(s) for this to you in writing within 60 days

Request confidential communications

- ⑩ You can ask us to contact you in a specific way (eg., home or office phone) or to send mail to a different address.
- ⑩ We will say yes to all reasonable requests

Ask us to limit what we use or share

- ⑩ You can ask us not to use or share certain health information for treatment or our operations. We are not required to agree to your request, and we may say “no, “ if it would affect your care (eg. If we feel certain information must be shared to protect your health or safety)

Get a list of those with whom we have shared information

- ⑩ You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, to whom we have shared the information, and the reasons why. To whatever extent possible, your provider will share with you when she has contacted someone on your behalf during your regularly scheduled therapy session.
- ⑩ We will include all the disclosures except for those about treatment, health care operations, and certain other disclosures, such as any you asked us to make.

Get a copy of this privacy notice

⑩ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy as soon as possible.

Choose someone to act for you

⑩ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

⑩ We will make sure this person has this authority and can act on your behalf before we take any action, eg. By requesting a copy of the court order that gives them this right.

File a complaint if you feel your rights are violated

⑩ You can complain directly to this practice if you feel we have violated your rights, using the contact information on page 1.

⑩ If contacting this practice directly is not satisfactory, you can file a complaint with the U.S. Dept. of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting the following website: www.hhs.gov/ocr/privacy/hipaa/complaints/

⑩ We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions, unless following your instructions could result in harm to your emotional or physical well-being or the physical well-being of someone else.

In these cases, you have both the right and choice to tell us to:

- ⑩ Share information with your family, close friends, or others involved in your care
- ⑩ Share information in a disaster relief situation

Note: If you are not able to tell us your preference, eg., if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety, as noted above.

In these cases, we never share your information unless you give us written permission:

- ⑩ Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

To Treat You

⑩ We can use your health information and share it with other professionals who are treating you.

To Run Our Organization

⑩ We can use and share your health information to run our practice, to improve your care, and to

contact you when necessary. Most commonly, we use health information about you to manage your treatment and services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways. Usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, visit the following website: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- ⑩ Preventing disease
- ⑩ Helping with product recalls
- ⑩ Reporting adverse reactions to medications
- ⑩ Reporting suspected abuse, neglect, or domestic violence
- ⑩ Preventing or reducing a serious threat to anyone's health or safety

Do Research

We can use or share your information for health research

Comply with the law

We will share information about you if state or federal laws require it, including with the Dept. of Health and Human Services if it wants to see that we are complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- ⑩ for worker's compensation claims
- ⑩ for law enforcement purposes or with a law enforcement official
- ⑩ with health oversight agencies for activities authorized by law
- ⑩ for special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- ⑩ We are required by law to maintain the privacy and security of your protected health information.
- ⑩ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ⑩ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ⑩ We will not use or share your information other than as described here unless you tell us we can

in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website.

This document has been altered from the original by removing information that is not relevant to this practice, such as references to insurance companies, billing other entities, marketing, and sales.

This document was last revised in April, 2020.