

## HIPAA Notice of Privacy Practices: Our Policies and Practices to Related to the Privacy of Your Protected Health Information

Aya Psychological and Wellness Services, LLC, is committed to responsibly handling your protected health information (PHI), as well as protecting your privacy and confidentiality. For psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential.

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires all mental health professionals to issue this official Notice of Privacy Practices. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information. PLEASE REVIEW THIS NOTICE CAREFULLY.

### Introduction

This notice describes

- **the personal information we collect**
- **how information about you is protected**
- **how and when information about you may be used and disclosed**
- **your rights related to your protected health information (PHI)**
- **how you may gain access to this information**

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health and psychological information. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

### Who Will Follow This Notice

**Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice.** All subsidiaries, business associates (e.g., a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

### Understanding Your Healthcare Record

A record of your interaction is made each time you receive services from Aya Psychological and Wellness Services, LLC. Typically the record contains your symptoms, diagnoses, treatment plan, and a plan for future care. This is referred to as your health or medical record. Maintaining a health record has several important functions. In addition to other functions, health records serve as a:

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- Basis for planning your care and treatment
- Tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve
- Means of communication among the healthcare professionals who contribute to your care
- Legal documentation describing the care you received
- Means by which you (or a third party payer, such as an insurance company) can verify that services billed were actually provided
- Source of information for public health officials charged with improving the health of the State and the Nation, as required by law (i.e., reporting child/elder abuse and neglect or domestic violence),
- Basis for disclosing health information to a law enforcement official, for purposes such as identifying or locating an individual, in complying with a court order or subpoena, and other law enforcement purposes,
- Source for public safety. For example, we may disclose health information to appropriate persons in order to prevent or lessen a serious threat to health or safety of a particular person, or the general public, and,
- Tool in educating health professionals, source of data for medical or psychological research

## Uses and Disclosures for Treatment, Payment, and Healthcare Operations

I may use your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. The following should help clarify these terms:

- PHI refers to information that could identify you. For example, it may include your name, the fact you are receiving treatment here, and other basic information pertaining to your treatment.
- Authorization is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.
- Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. For example, with your written authorization I may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.
- Payment Your PHI may be used, as needed, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.

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- Health Care Operations are activities that relate to the performance and operation of my practice. Examples include quality assessment, improvement, audits, administrative services, case management and care coordination.
- Use applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

### Written Authorizations to Release PHI

**The ethics code of the American Psychological Association, Florida State law, and the federal HIPAA regulations all protect the privacy of all communications between a client and a mental health professional. In most situations, I can only release information about your treatment to others if you sign a written authorization.** This Authorization will remain in effect for a length of time you and I determine. You may revoke the authorization, in writing, at any time, unless I have taken action in reliance on it.

Any other uses and disclosures of your PHI beyond those listed in the section above will be made only with your authorization, unless otherwise permitted or required by law as described below.

### Uses and Disclosures without Authorization

**There are some disclosures that do not require your Authorization. I may use or disclose PHI without your consent in the following circumstances:**

- Child Abuse – If I have reasonable cause to believe a child may be abused or neglected, I am required by law to report this belief to the appropriate authorities.
- Adult and Domestic Abuse – If I have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, I am required by law to report this to the appropriate authorities.
- Health Oversight Activities – I may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order. Information about all other psychological services (e.g., psychological evaluation) is also privileged and cannot be released without your

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authorization 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 must be informed in advance if this is the case.

- Serious Threat to Health or Safety – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
- Worker's Compensation – I may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### Special Authorizations

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

- Psychotherapy Notes – I will obtain a special authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.
- HIV Information – Special legal protections apply to HIV/AIDS related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- Alcohol and Drug Use Information – Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment. You may revoke all such authorizations (of PHI, Psychotherapy Notes, HIV information, and/or Alcohol and Drug Use Information) at any time, provided each revocation is in writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) I 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.

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### Patient's Rights and Psychologist's Duties

#### **Patient's Rights:**

- Right to Request Restrictions – You have the right to request restrictions on certain uses/disclosures of PHI. However, I am not required to agree to the request.
- Right to Receive Confidential Communications by Alternative Means – You have the right to request and receive confidential communications by alternative means and locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI in my records as these records are maintained. In such cases I will discuss with you the process involved.
- Right to Amend – You have the right to request an amendment of PHI for as long as it is maintained in the record. I may deny your request. If so, I will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of all disclosures of PHI. I can discuss with you the details of the accounting process.
- Right to a Paper Copy of HIPAA Notice – You have the right to obtain a paper copy of the Notice of Privacy Practices from me upon request.

#### **Psychologist'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 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.
- If I revise my policies and procedures, I will notify you at our next session, or by mail at the address you provided me.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

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Information**

If you have any questions about this Notice, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me:

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<https://ayapsychwellness.com>

**Effective Date, Restrictions, and Changes to Privacy Policy**

This notice will go into effect on April 30, 2018 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.

Aya Psychological and Wellness Services, LLC

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