



**Notice of Privacy Practices**  
**Health Insurance Portability and Accountability Act (HIPAA)**

**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Commitment to Your Privacy**

I am dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services either in paper or electronic format. This Notice of Privacy Practices (“Notice”) is required by law to provide you with the legal duties and the privacy practices that I maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with your therapist.

By federal and state law, I am required to ensure that your PHI is kept private. This Notice explains when, why, and how I would use and/or disclose your PHI. *Use* of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is *disclosed* when I release, transfer, give, or otherwise reveal it to a third party outside of myself. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

**How PHI About You May Be Used and Disclosed**

I will not use or disclose your PHI without your written authorization, except as described in this Notice, required by federal and state law, or as described in the “Client Agreement and Informed Consent” document. Below you will find the different categories of possible uses and disclosures with some examples. Not every use of disclosure in a category is listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

**For Treatment.** I may disclose your PHI to provide and coordinate the mental health treatment and services you receive. For example, if you are also seeing a psychiatrist for medication management, I may disclose your PHI to her/him/them in order to coordinate your care. Except for in an emergency, I will always ask for your authorization in writing prior to any such consultation.

**For Payment.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provided to you. For example, I give information about you to your health insurance plan so it will pay for your services. I might provide your PHI to billing companies, claims processing companies, and others that process health care claims for my office if you are not able to stay current with your account. In this latter instance, I will always do my best to reconcile this with you prior to involving any outside agency.

**For Healthcare Operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice, improve your care, and contact you when necessary. For example, I use health information about you to manage your treatment and services.

**Employees and Business Associates.** There may be instances where services are provided to me by an employee or through contracts with third-party “business associates.” Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, I will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of me.

**Note:** This federal and state law provides additional protection for certain types of health information, including **alcohol or drug abuse, mental health, and AIDS/HIV**, and may limit whether and how I may disclose information about you to others.

**For Special Purposes.** I am permitted/mandated under federal and state law to use or disclose your PHI without your permission when certain circumstances arise. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

- **Individuals Involved in Your Care or Payment for Your Care.** I may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person’s involvement in your care or payment related to your care. In addition, I may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.
- **Abuse, Neglect, or Domestic Violence.** I may disclose PHI if mandated by Pennsylvania child, elder, or dependent adult abuse and neglect reporting laws. For example, if I have a reasonable suspicion of child abuse or neglect, I am mandated to, and will, report this to the Pennsylvania Department of Human Services.
- **Minors/Disclosures to Parents or Legal Guardians.** If you are a minor, I may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.
- **Worker’s Compensation.** I may provide PHI in order to comply with Workers' Compensation or similar programs established by law.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a legal dispute, I may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. I may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. I will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
- **Public Health.** I may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.

- **Food and Drug Administration (FDA).** I may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Health Oversight Activities.** I may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. For example, when compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
- **Law Enforcement.** Subject to certain conditions, I may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. I may disclose your PHI for law enforcement purposes as authorized or required by law or in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstance, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.
- **United States Department of Health and Human Services.** Under federal law, I am required to disclose your PHI to the U.S. Department of Health and Human Services to determine if I am in compliance with federal laws and regulations regarding the privacy of health information.
- **Research.** In certain circumstances, we may use or disclose your PHI for research purposes. However, before disclosing your PHI, the research project must be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.
- **Coroners, Medical Examiners, and Funeral Directors.** I may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death, or other duties as authorized by law. I may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.
- **Organ or Tissue Procurement Organizations.** Consistent with applicable law, I may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Notification.** I may use or disclose your PHI to assist in a disaster relief effort so that your family, personal representative, or friends may be notified about your condition, status, and location.
- **Correctional Institutions.** If you are, or become, an inmate of a correctional institution, I may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.
- **To Avert a Serious Threat to Health or Safety.** I may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, I may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.

- **Military and Veterans.** If you are a member of the armed forces, I may release PHI about you as required by military command authorities. I may also release PHI about foreign military personnel to the appropriate military authority.
- **National Security, Intelligence Activities, and Protective Services for the President and Others.** I may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.
- **As Required by Law.** I must disclose your PHI when required to do so by federal or state law.
- **Treatment Alternatives.** I may use and disclose PHI to tell you about or recommend possible alternative treatments, therapies, health care providers, or settings of care that may be of interest to you.
- **Health-Related Benefits and Services.** I may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you. I am permitted to contact you, without prior authorization, to provide information about alternative or other health-related benefits and services that you may need or that may be of interest to you.
- **Appointment Reminders.** I may use or disclose PHI to provide you with appointment reminders (e.g. voicemail messages, postcards, or letters). You have a right, as explained below, to request restrictions or limitations on the PHI I disclose.

### **Other Uses and Disclosures of PHI**

**Your Authorization.** I will obtain your written authorization before using or disclosing your PHI for purposes other than those described above (or as otherwise permitted or required by law). If you chose to authorize use or disclosure, you can later revoke that authorization by notifying me in writing of your decision. Your revocation will become effective upon my receipt of your written notice. You understand that I am unable to take back any disclosures I have already made with your permission, I will continue to comply with laws that require certain disclosures, and I am required to retain records of the care that I have provided to you.

- **Psychotherapy Notes.** I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use of disclosure is:
  - For my use in treating you.
  - For use in training or supervising mental health practitioners to help them improve their skills in group, joint, couple, family, or individual counseling or therapy.
  - For my use in defending myself in legal proceedings instituted by you.
  - For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
  - Required by law and the use or disclosure is limited to the requirements of such law.
  - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - Required by a coroner who is performing duties authorized by law.
  - Required to help avert a serious threat to the health and safety of others.
- **Marketing Health-Related Services.** As a psychotherapist, I will not use or disclose your PHI for marketing communications/purposes without your written authorization, and only as permitted by law.

- **Sale of PHI.** I will not sell your PHI without your written authorization, and only as permitted by law. I may contact you for fundraising efforts, but you can tell me not to contact you again.

### **Changes to This Notice**

The terms of this notice apply to all records containing your PHI that are created or retained by myself. Please note that I reserve the right to revise or amend this Notice. Any revision or amendment will be effective for all of your records that I have created or maintained in the past and for any of your records that I may create or maintain in the future. I will have a copy of the current Notice in the office in a visible location at all times, on my website, and you may request a copy of the most current Notice at any time. The date of the latest revision will always be listed at the end of the Notice.

### **Your Health Information Privacy Rights**

You have privacy rights under federal and state laws that protect your health information. These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think that your rights are being denied or your health information isn't being protected. Providers and health insurers who are required to follow federal and state privacy laws must comply with the following rights:

**To Request Restrictions on Certain Uses and Disclosures of PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make, or which are necessary to administer my business.

**To Access PHI.** In general, you have the right to see your PHI that is in my possession, with the exception of "psychotherapy notes," or to get copies of it; however, you must request it in writing. If I do not have your PHI, but know who does, you will be advised how you can get it. You will receive a response from me within 30 days of receiving your written request. Under certain circumstances, I may feel I must deny your request, but if it do, I will give you, in writing, the reasons for the denial. I will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged a reasonable fee per page and the fees associated with supplies and postage. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

**To Request Confidential Communication.** You have the right to ask me to contact you in a specific way (e.g. home or office phone) or the send mail to a different address. I will accommodate all reasonable requests.

**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 and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

**To Obtain an Email or Paper Copy of the Notice Upon Request.** You may request a copy of the current Notice at any time. You have the right to get this notice by email and/or paper copy. The most current version of this Notice is also available on my website.

**To Request an Amendment of PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information (by adding a note) or add the missing information. Requests must be made in writing and identify: (a) which information you seek

to amend, (b) what corrections you would like to make, and (c) why the information needs to be amended. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of its records, or (d) written by someone other than me. Denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial will be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

**To Receive an Accounting of Disclosures.** You have the right to request an accounting of your PHI disclosures. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The time period for the accounting of disclosures must be limited to less than 6 years prior to the date of the request. I will respond in writing within 60 days of receipt of your request. I will provide one accounting list per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. I will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

**To Notification in the Event of a Breach.** You have a right to be notified of an impermissible use or disclosure that compromises the security or privacy of your PHI. I will provide notice to you as soon as is reasonably possible and no later than sixty (60) calendar days after discovery of the breach and in accordance with federal and state law.

**To File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the privacy officer, listed below. You may also send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be penalized in any way for filing a complaint. However, if you file a complaint, our professional ethics and board rules may require us to terminate our therapeutic relationship with you and refer you to other providers.

**Please discuss any questions or concerns with your therapist.** Your signature on the “*Client Agreement and Informed Consent*” (provided to you separately) indicates that you have read and understood this document.

If you want more information about our privacy practices or have questions or concerns, please contact me. Submit all written requests to our Privacy Officer at the addresses listed at the top of this notice or via the methods below.

Privacy Officer: Meghan Jerry, LMFT, 267.603.1624, [meghan@kindredcounselingcenter.com](mailto:meghan@kindredcounselingcenter.com)

*Date of Last Revision: January 1, 2022*