

Protecting your privacy is my highest priority. Please review this notice carefully.

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 health record contains personal information about you and your health. This information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the AAMFT Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment. You will be notified of changes in the law concerning privacy or your rights as I become aware of them. In the meantime, please do not hesitate to raise any questions or concerns about confidentiality at any time.

Who will observe these rules?

The following individuals are required by HIPAA to comply with the privacy rules:

- Any staff, employee and/or subcontractor of Madison Haskell.
- Any administrative assistant or office staff who may have some access to your identifying information (such as your name, address, telephone number, etc.).
- Any billing agency that handles information about you (name, address, diagnostic codes, treatment codes, consultation dates, but not actual clinical records).

Your Rights Regarding Medical Information About You

- **Right of Access to Inspect and Copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. Psychotherapy notes, however, if they are created, are not disclosed to third parties, HMOs, insurance companies, billing agencies, clients, or anyone else. They are for the use of a treating therapist in tracking the many details of the consultations that are far too specific to be entered into the clinical record. Viewing the record is best done during a professional consultation in order to clarify any questions that you might have at the time. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Request a Correction or Addendum to your record.** If you believe that there is an inaccuracy in your clinical record, you may request a correction or addendum, although I am not required to agree to the amendment. If the information is accurate or it has been provided by a third party (previous therapist, primary care physician, etc.), it may remain unchanged, and the request may be denied. In this case you will receive an explanation in writing with a full description of the rationale. You also have the right to make an addition to your record if you think it is incomplete.
- **Right to an Accounting of Disclosures.** You have the right to know if, when and to whom your information has been disclosed (exclusive of treatment, payment and health care operations). However, you likely would already be aware of this, as you would have signed consent forms allowing such disclosures (e.g., disclosures to other psychotherapists, primary care physicians, specialists, etc.). I may charge you a reasonable fee if you request more than one accounting of disclosure in any 12-month period.

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses or disclosures of your information. These requests must be in writing. These requests will most likely be honored, although in some cases they may be denied. This office does not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, healthcare operations and other exceptions specified in this notice.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request.
- **Notification of Breach.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **The Right to Receive a Copy of This Notice Upon Request.** You have the right to a copy of this Notice of Privacy Practices.
- **The right to file a complaint.** You have the right to file a complaint if you believe your privacy rights have been violated. You must do so in writing. Your complaint may be addressed directly to your clinician.

How I may use and disclose your PHI

Madison Haskell takes your privacy very seriously and takes the appropriate measures to afford you optimum discretion and confidentiality. The law protects the relationship between a client and a clinician, and information cannot be disclosed without written permission by the client, a parent or legal guardian.

Madison Haskell will maintain sufficient records to justify thorough and appropriate treatment. The information you give us is confidential and release or disclosure of any identifiable information to any individual or agency is prohibited except under the following ethical and legal conditions:

WITHOUT AUTHORIZATION

- **Public Safety.** I may disclose your PHI if necessary, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- **Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- **Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- **Medical Emergencies.** In response to a medical emergency and only to medical personnel in order prevent serious harm.
- **Child Neglect or Abuse.** I may disclose your PHI to a federal, state or local agency that is authorized by law to receive reports of child abuse or neglect.
- **Crimes Committed.** Crimes against any employee or client of the program, and any threat to commit such a crime.
- **Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.
- **Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

WITH AUTHORIZATION

- For Treatment. I will use information about you to assist in the continuity of treatment and services. This information will not be shared with other health care professionals, however, unless you specifically request or agree to it and sign a consent form to that effect.
- For Payment. With your authorization, I may use and disclose information about you for billing purposes. This is generally restricted to your name and other personal identifiers (address, and other relevant or needed information), diagnostic and treatment codes, dates of service and similar information. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.
- For Health Care Operations. I may share basic identifying information with an administrative assistant or other office staff to assist in scheduling or other treatment procedures. This would not normally include the contents of your record.
- As Required By Law. It is possible (but unlikely) that the Department of Health and Human Services may review how I comply with the regulations of HIPAA. In such a case, your personal health information could be reviewed as a part of providing evidence of compliance.

This notice will go into effect on October 1, 2020. 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. Your signature below indicates that you have read the above Privacy Policies and understand and agree to its terms.