HIPAA Notice of Privacy Practices

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**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on Aug. 30, 2021 and was revised on April 30, 2022.

**OVERVIEW**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. This notice describes how health information may be used and disclosed and how you can get access to this information. Please review it carefully and let Julie Fann know of any questions or concerns you may have.

**MY PLEDGE REGARDING HEALTH INFORMATION**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

* keep private protected health information (“PHI”) that identifies you;
* give you this notice of my legal duties and privacy practices with respect to health information;
* and follow the terms of the notice that is currently in effect.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

**HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

**For Treatment Payment or Health Care Operations:**

Federal privacy rules (regulations) allow health care providers (such as me) who have direct treatment relationship with the patient/client (in this case you) to use or disclose the patient/client’s personal health information without the patient’s written authorization to carry out the health care provider’s own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

**Lawsuits and Disputes:**

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but I will do so only if efforts have been made by me or someone representing me to tell you about the request or to obtain an order protecting the information requested.

**CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

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 or disclosure is for one of the following:

* for my use in treating you;
* for my use in training or supervising mental health practitioners to help them improve their skills in group, joint, 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;
* or required to help avert a serious threat to the health and safety of others.

**Marketing Purposes**

As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

**Sale of PHI**

As a psychotherapist, I will not sell your PHI in the regular course of my business.

**CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION**

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

* when disclosure is required by state or federal law and the use or disclosure complies with—and is limited to—the relevant requirements of such law;
* for public health activities, including reporting suspected child, elder, or dependent adult abuse, or for preventing or reducing a serious threat to anyone’s health or safety;
* for health oversight activities, including audits and investigations;
* for judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so;
* for law enforcement purposes, including reporting crimes occurring on my premises;
* to coroners or medical examiners when such individuals are performing duties authorized by law;
* for research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition;
* for specialized government functions, including the following: ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counter-intelligence operations, or helping to ensure the safety of those working within or housed in correctional institutions;
* for workers’ compensation purposes (although my preference is to obtain an Authorization from you, I may provide your PHI to comply with workers’ compensation laws);
* for appointment reminders, scheduling, billing issues, referral or termination, repairing the therapeutic alliance between us, and health related benefits or services. (In other words, I may use and disclose your PHI to contact you to remind you that you have an appointment with me, to schedule/reschedule appointments, to coordinate payment, to address your questions/concerns, to initiate or proceed with termination or referral, or to tell you about treatment alternatives or other health care services or benefits that I offer.)

**CERTAIN USES AND DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT**

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. I will typically endeavor to obtain your consent before providing your PHI to anyone, but if there is anyone in particular whom you object to having PHI about you, please let me know verbally or in writing. The opportunity to consent may be obtained retroactively in emergency situations.

**YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

* The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say no if I believe it would affect your health care.
* The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full: You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
* The Right to Choose How I Send PHI to You: You have the right to ask me to contact you in a specific way (for example, home or office phone, or a certain email address) or to send printed mail to a different address, and I will agree to all reasonable requests. I do not usually send PHI via text, unless the client has shown through contacting the therapist in that manner that they prefer to be contacted via text. I do not usually send PHI via gmail unless the client has shown through contacting the therapist in that manner that they prefer to be contacted via gmail despite the potential safety risks to PHI.
* The Right to See and Get Copies of Your PHI: Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record, billing records, and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written or verbal request (with an optional 30 day extension when justified). I may charge a reasonable cost-based fee for doing so. I usually charge my adjunct service fee, which is based on the amount of time I spend fulfilling the request (printing, copying, or downloading the information). I may waive the fee if the fee causes financial hardship to the client. If printed information must be mailed, then an additional fee may be charged for supplies for creating the copy and posting it in the mail.
* The Right to Get a List of the Disclosures I Have Made: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 30 days of receiving your request (with an optional 30 day extension when justified). The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will charge you a reasonable cost-based fee for each request. I usually charge my adjunct service fee which is based on the time the therapist spends fulfilling the request (printing, copying, or downloading the information). Although I may waive the fee if it causes financial hardship, I will consider the circumstances of the request and the amount of adjunct time that will be spent fulfilling the request. If printed information must be mailed, then an additional fee may be charged for supplies for creating the copy and posting it in the mail.
* The Right to Correct or Update Your PHI: If you believe that there is a mistake in your PHI or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say no to your request if I have grounds for denial, but I will tell you why in writing within 30 days of receiving your request.
* The Right to Get a Paper or Electronic Copy of this Notice: You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
* If you have any questions about the content of this notice or anything related to PHI, please contact the therapist. If the therapist does not acknowledge your question within 48 hours, please contact the therapist in another way to ensure that your message was received.