

# Skyline - Notice of Privacy Practices

Skyline Psychotherapy & Assessment Services, PLLC

## NOTICE OF PRIVACY PRACTICES

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

### I. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that your healthcare information is personal and we are committed to protecting it. Your clinician will create a record of the care and services you receive from them. This record is needed 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 Skyline Psychotherapy & Assessment Services, PLLC. This notice will tell you about the ways in which your clinician may use and disclose health information about you. We also describe your rights to your own health information and describe certain obligations that your clinician has regarding the use and disclosure of your health information. Your clinician is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- If Skyline Psychotherapy & Assessment Services, PLLC revises these privacy practices, the new Notice will be available upon request and posted on the website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that your clinician may use and disclose health information. Several examples of use and disclosure might be provided but not every use or disclosure in a category will be listed.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client 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. Your clinician may also disclose your protected health information to another Skyline clinician for the purpose of consultation regarding diagnosis, treatment, or concern. This too can be done without your written authorization.

Lawsuits and Disputes: If you are involved in a lawsuit or court proceeding and your records, diagnosis, or dates of treatment are requested, your clinician will decline to release that information, in favor of maintaining your privacy and confidentiality. However, that information can be released if you wish and with your written consent. In that case, your clinician will engage in a conversation with you about the

risks and benefits of such disclosure. Please note that if your clinician is compelled by the court via subpoena, they are authorized to disclose health information, without your consent, in response to that order.

### III. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU (WITH YOUR WRITTEN CONSENT)

1. Psychotherapy Notes. Your clinician will keep "psychotherapy notes," which briefly detail the content of the conversations that you have in session. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For your clinician's use in treating you.
  - b. For your clinician's defense in legal proceedings instituted by you.
  - c. For use by the Secretary of Health and Human Services to investigate compliance with HIPAA.
  - d. Required by law and the use or disclosure is limited to the requirements of such law.
  - e. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - f. Required by a coroner who is performing duties authorized by law. g. Required to help avert a serious threat to the health and safety of others.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, your clinician can use and disclose your PHI without your Authorization for the following reasons:

1. 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.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although your clinician's preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on the premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.

8. Specialized government functions, including, 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.
9. For workers' compensation purposes. Although your clinician's preference is to obtain an Authorization from you, they may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Your clinician may use and disclose your PHI to contact you to remind you that you have an appointment with them. They may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that our practice offers.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. Your clinician 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. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask your clinician not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your clinician is not required to agree to your request and may say "no" if they believe it would affect your health care.
2. 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.
3. The Right to Choose How Your Clinician Sends PHI to You. You have the right to ask your clinician to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Your clinician will agree to all reasonable requests.
4. 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 and other information that your clinician has about you. Your clinician 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 request. Your clinician may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures Your clinician Has Made. You have the right to request a list of instances in which your clinician has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided your clinician with an Authorization. Your clinician will respond to your request for an accounting of disclosures within 60 days of

receiving your request. Your clinician will provide the list to you at no charge, but if you make more than one request in the same year, your clinician will charge you a reasonable cost based fee for each additional request.

6. 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 your clinician correct the existing information or add the missing information. Your clinician may say "no" to your request, but they will tell you why in writing within 60 days of receiving your request.
7. 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. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

#### EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on [INSERT DATE]

#### Acknowledgement of Receipt of Privacy Notice

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. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.