

ATLAS COUNSELING, PLLC

## 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. 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 keep records of the care and services you receive from me. I need this record to provide you with quality care and to comply with legal requirements. I am required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private.
- Give you this notice which explains my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Notify you that I may change these terms. You will be notified of any changes.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I might use and disclose health information.

- Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization to carry out payment or health care operations.
- I may also disclose your protected health information, without your consent, for the benefit of providing you with better care. For example, if I were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI.
- Should you become 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 any additional lawful process by someone else involved in the dispute.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. I 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:
  - a. For my use in treating you.
  - b. For my use in training or supervising mental health practitioners.
  - c. For my use in defending myself in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
  - e. As required by law wherein the use or disclosure is limited to the requirements of such law.
  - f. As required by law for certain health oversight activities.
  - g. As required by a coroner who is performing duties authorized by law.
  - h. As required to help avert a serious threat to the health and/or safety of others.
2. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. I will not sell your PHI in the regular course of my business.

### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

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

1. When disclosure is required by state or federal law wherein 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 and/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 my preference is to obtain an authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on my 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. For 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 my preference is to obtain an authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. For appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

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

1. 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 if I believe it might negatively impact your health care.
2. You have the right to request restrictions on disclosures of your PHI to health care operations if the PHI pertains solely to a health care item or service that you have paid for out-of-pocket in full.
3. You have the right to ask me to contact you in a specific way, such as text messages or email. I will agree to all reasonable requests.
4. Other than my personal psychotherapy notes, you have the right to obtain a copy of your medical record and other information that I have about you. I will provide you with a copy of your records. I will provide you with a copy of your record, or a summary, within 30 days of receiving your written request and I may charge you a reasonable, cost-based fee for doing so.

5. You have the right to request a list of instances in which I have disclosed your PHI. I will respond to your request within 60 days of receiving your written request, and may charge you a reasonable, cost-based fee for doing so.
6. 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 deny your request but will inform you of my reasoning within 60 days of receiving your written request.
7. You have the right to obtain a paper or electronic copy of this document.