

NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that health information about you is personal. We are committed to protecting that information. This Notice of Privacy Practices (“Notice”) will tell you about the ways in which we may use and disclose your health information. It also describes your rights to the health information we keep about you and describes obligations we have regarding our use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to PHI.
- Notify affected individuals following a breach of unsecured PHI.
- Follow the terms of our Notice that is currently in effect.

II. USES AND DISCLOSURES WE MAY MAKE WITHOUT WRITTEN AUTHORIZATION

The following categories describe different purposes for which we may use and disclose your health information without your written disclosure.

TREATMENT: We may use or disclose your information for purposes of treating you. For example, we may use and disclose information that we receive from another health care provider to assist the clinician in diagnosis and treatment of your mental health condition.

PAYMENT: We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payor to obtain pre-authorization or payment for treatment.

HEALTHCARE OPERATIONS: We may use or disclose your information for certain activities that are necessary to operate our clinic and ensure our patients receive quality care. For example, we may use information to review our policies or procedures or to make decisions affecting the practice.

OTHER USES OR DISCLOSURES: We may also use or disclose your information for certain other purposes allowed by 45 CFR 164.512, or other applicable laws and regulations, including the following:

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, investigations, and licensure actions.
4. For judicial and administrative proceedings, including responding to a court or administrative order.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. For abuse and neglect related reports as mandated by Idaho Law.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.

8. 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.
9. 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.
10. For workers' compensation purposes for use in workers' compensation proceedings.

III. DISCLOSURES WE MAY MAKE UNLESS YOU OBJECT.

Unless you instruct us otherwise, we may make disclosures to family, friends, or other persons involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.

IV. USES AND DISCLOSURES THAT WILL REQUIRE YOUR AUTHORIZATION.

Other uses and disclosures not otherwise described in this Notice will generally be made only with your written authorization, including most uses or disclosures of psychotherapy notes; for most marketing purposes; or if we seek permission to sell your information. It is our practice not to engage in marketing or to sell patient information. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below. The revocation will not be effective to the extent we have already acted in reliance on the authorization.

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

To exercise any of the following rights concerning your health information, you must submit a written request to the Privacy Officer identified below.

1. You may request addition restrictions on the use or disclosure of PHI for treatment, payment, or health care operations. We are *not* required to agree to your request except in the limited situation in which you or someone on your behalf pays for an item or service and you request that the information concerning such item or service not be disclosed to a health insurer.
2. You may request that we contact you in a specific way (e.g., home or office phone) or at a specific location. We will accommodate reasonable requests.
3. Other than "psychotherapy notes," you have the right to inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including electronic copies of those records. We may charge a reasonable, cost-based fee for providing you copies of your records. We also may deny your request under limited circumstances (e.g., we determine disclosure may result in harm to you or others).
4. You may receive a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an authorization. We will provide the list to you at no charge, but if you make more than one request in the same year, we may charge you a reasonable cost-based fee for each additional request.
5. You may request that your PHI be amended. We may deny your request for certain reasons (e.g., if we did not create the record or if we determine the record is accurate and complete).
6. You may obtain a paper or email copy of this Notice, upon request.

VI. CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, and to make the new Notice effective for all PHI that we maintain. If we materially change our privacy practices, you will be notified according to agency policy. You may obtain a copy of the current Notice from our Privacy Officer at any time upon request.

VII. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. All complaints must be in writing. We will not retaliate against you for filing a complaint.

VIII. CONTACT INFORMATION

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure, or exercise any right as explained above, please contact the following individual:

Privacy Officer: Bree Van Leeuwen, LCSW

Phone: TBD

Address: 155 2nd Ave. N., Suite 101, Twin Falls, Id 83301

Email: insessiontherapysolutions@gmail.com

IX. EFFECTIVE DATE

This Notice is effective 7/29/2021

In Session Therapy Solutions, PLLC
155 2nd Ave. N., Suite 101
Twin Falls, ID 83301

Print Name

Date

Signature