

HIPAA & PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA), is a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

The following has been adapted from the U.S. Department of Health & Human Services website page titled “Health Insurance Portability and Accountability Act of 1996” and the department’s guidelines and sample handouts. Some sections were omitted as they are not applicable (for example guidelines pertaining to organ procurement organizations). If you would like to view the entirety of HIPAA it can be found at <https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996>.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES

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 Rights

You have the right to:

- Get a copy of your paper or electronic medical record
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You may request your records to be disclosed to any other entity or provider.
 - Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want disclosed, the name and address of the entity you want the information released to, purpose of disclosure, and the expiration date of the authorization. Any authorization provided may be revoked in writing at any time. Requests are completed within 30 days. Requests for records kept off-site can take up to 60 days.
- Correct your paper or electronic medical record
 - You can submit a written request to correct health information about you that you think is incorrect or incomplete. These corrections will be entered as addendums and it will be noted that it was created upon your request.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communication
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- Ask us to limit the information we share
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.



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- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Get a list of those with whom we’ve shared your information
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice
 - You can ask for a paper copy of this notice at any time. Your electronically signed copy is available on the Secure Client Portal at any time. If requested, we will provide you with a paper copy promptly.
- Choose someone to act for you
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will verify the person has this authority and can act for you before we take any action.
- File a complaint if you believe your privacy rights have been violated
 - You can complain if you feel we have violated your rights by contacting us directly.
 - Phone: 203-947-3764
 - Mail: PO Box 1123, Canaan, CT, 06018
 - Email: sarah@sarahosbornecounseling.com
 - Fax: 844-862-4012
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

Your Choices

In the state of Connecticut people who work as therapists/counselors are mandated reporters. This means that if specific criteria are met, legally, your information must be shared with the appropriate parties. The items meet this criterion are:

- Medical emergency – for example if you are unconscious your information will be shared with medical professionals to ensure you are provided appropriate care;
- Child (<18) or elder (65+) abuse and/or neglect;
- If you are threatening to harm yourself or others;
- Court order signed by a judge.

In these situations, we will try to discuss the disclosures being made with you first. However, it is not required that we have your consent. Legally, we must provide the information.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



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In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

In these cases, we never share your information unless you give us written permission:

- Marketing purposes—*Example: if you were to provide a testimonial of your experience and your name was going to be used.*
- Sharing of psychotherapy notes (notes of specific details in session)

Our Uses and Disclosures

Typically, we may use and/or share your information in the following ways:

- Provide comprehensive treatment.
 - We can use your health information and share it with other professionals who are treating you. *Example: Your doctor or prescriber asks for information about your condition and overall progress.*
- Run our organization
 - We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*
- Bill for services
 - We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed and/or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues
- Do research – your information may be used or shared when conducting health research
- Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests
 - Worker's compensation claims
 - Law enforcement purposes or with law enforcement officials
 - Health oversight agencies for activities authorized by law
 - Special government functions such as military, national security and presidential protective services
- Respond to lawsuits and legal actions
 - We can share health information about you in response to a court or administrative order, or in response to a subpoena.



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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Resources

U.S. Department of Health & Human Services. Office of the Assistant Secretary for Planning and Evaluation. (n.d.). *Health Information Portability and Accountability Act of 1996*. <https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996>

U.S. Department of Health & Human Services. Health Information Privacy. (n.d.). *For Individuals: Notice of Privacy Practices*. www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

U.S. Department of Health & Human Services. Health Information Privacy. (n.d.). *For Individuals: Your Rights Under HIPAA*. www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

What is Considered PHI Under HIPAA?. December 20, 2018. *HIPAA Journal*, from <https://www.hipaajournal.com/considered-phi-hipaa/>