

HIPPA NOTICE OF PRIVACY PRACTICES

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

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 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. It also describes your rights to the health information I keep about you and describes certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- 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.

Summary

The following is a summary of how we may use and disclose your protected health information and your rights and choices when it comes to your information. We will explain these in more detail on the following pages.

We may use and disclose your information as follows:

- For treatment
- To bill for Services
- To run our organization
- To do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address government requests
- Respond to lawsuits and legal actions

You have some choices about how we use and share information as we:

- Communicate with you
- Tell family and friends about your condition
- Provide disaster relief

- Provide mental health care

You have the right to:

- Get a copy of your paper or electronic protected health information.
- Correct your protected health information.
- Ask us to limit the information we share, in some cases.
- Get a list of those with whom we have shared your information
- Request confidential communication
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe we have violated your privacy rights

PURPOSE

Grey Insight respects your privacy. We are also legally required to maintain the privacy of your protected health information (PHI) under the Health Insurance Portability and Accountability ACT (HIPAA)

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (Notice). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

CONTACT

If you have any questions about this Notice please contact us at (714)975-8893.

PHI DEFINED

Your PHI:

- Is health information about you:
 - Which someone may use to identify you; and
 - Which we keep or transmit in electronic, oral, or written form.
- Includes information such as your:
 - Name;
 - Contact information;
 - Past, present, or future physical or mental health or medical conditions;
 - Payment for health care products or services; or
 - Prescriptions

CHANGES TO 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 on request, in our office, and on our website.

DATE BREACH NOTIFICATION

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI.

USES AND DISCLOSURE OF YOUR PHI

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purposes.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

- **Treatment.** We may use or disclose your PHI and share it with other professionals who are treating you. I may also disclose your protected health information for the treatment activities of any health care provider. For example, if a therapist 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, in order to assist the therapist in diagnosis and treatment of your mental health condition. 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.
- **Payment.** We may use and disclose your PHI to bill and get payment from health plans or others. For example, we share your PHI with your health insurance plan so it will pay for the services you receive.
- **Health Care Operations.** We may use and disclose your PHI to run our practice and improve your care. For example, we may use your PHI to manage the services you receive or to monitor the quality of our health care services.

OTHER USES AND DISCLOSURES

For more information on permitted uses and disclosures, see <https://www.hhs.gov/guidance/document/notice-privacy-practices>. For example, these other uses and disclosures may involve:

- **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 only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Public Health and Safety Activities.** For example, we may share your PHI to report suspected child neglect or abuse, or domestic violence, or to avert a serious threat to public health or safety.

YOUR CHOICES

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, please contact us and we will make reasonable efforts to follow your instructions.

You have both the right and the choice to tell us whether to:

- Share information (such as your PHI, general condition, or location) with your family, close friends and others involved in your care.
- Share information in a disaster relief situation

USES AND DISCLOSURES THAT REQUIRE 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:

- a. For my use in treating you.
- b. 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.
- 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. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

Marketing. 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:

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 (including reporting suspected child, elder, or dependent adult abuse, etc.)
2. To avert a serious threat to health or safety. This may include using and disclosing clinical/medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat
3. For public health risks. This may include disclosing clinical/medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, condition or disability;
 - to report births and deaths, abuse, neglect, or a victim of violence;
 - reactions to medications or problems with products; and
 - to notify people of recalls of products they may be using.
4. For health oversight activities, including audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system and compliance with civil rights laws.
 5. 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.
 6. For law enforcement purposes, including:
 - reporting crimes occurring on my premises.
 - to identify or locate a suspect, fugitive, material witness, or missing persons
 - to provide information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
 - to provide information about a death we believe may be the result of criminal conduct
 - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
 7. To coroners or medical examiners, when such individuals are performing duties authorized by law. This may be necessary, for example, to identify a deceased person or determine the cause of death.
 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. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
 11. 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.

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 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.
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 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 to send mail to a different address, and I 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 I have about you. I may require you to make the request in writing. I will provide you with a copy of your record, or a summary of it if you agree to receive a summary, within 10-15 days of receiving your written request. I may charge a reasonable cost-based fee for the costs of copying, mailing, or other supplies associated with your request.
5. **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, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I may charge a reasonable cost-based fee for the costs of copying, mailing, or other supplies associated with your 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 I correct the existing information or add the missing information. Please submit your request in writing and specify the alleged inaccurate or incorrect PHI and provide reason that supports your request. I may say “no” to your request, but I 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 to 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.

COMPLAINTS

You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint directly with *Grey Insight*, or you may file a complaint directly with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

