

Tim Dallacqua LCSW, PLLC

Licensed Clinical Social Worker

LCS 895

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) enacts sweeping changes in how the healthcare professions handle the administrative details of their practices, and contains a broad and stringent framework for the privacy and confidentiality of personally identifiable health information. This Federal statute was enacted as Public Law 104-191. You can find the text of PL 104-191 at the Department of Health and Human Services (HHS) website www.aspe.hhs.gov/admsimp/pl104191.htm. The HIPAA Privacy Rule establishes patients' rights and requires that health professionals implement various policies and procedures regarding the use of and access to health care information. It is extremely important to note that the HIPAA privacy rule provides a "floor" of protection. When state law provides the patient with a *higher* level of protection, state law will prevail. This means that HIPAA will have less effect in Montana than in many other states because while Montana law does not appear to require patient consent when information is shared with another provider for treatment purposes, the great majority of therapists request such consent and thus this constitutes the current standard of care. I will not disclose your Protected Health Information (PHI) without your consent, except under the following conditions: Your confidentiality is waived in situations where therapists are mandated by law to report, including: suspected child abuse or neglect; suspected elder abuse; and threats to harm yourself or others. Confidentiality is also subject to waiver when treatment is court-ordered or if you are involved in litigation that calls your mental health into question. If you are using health insurance to cover your therapy expenses, they often require information regarding assessment, diagnosis, treatment goals, and treatment progress. I will, however, inform you of any requests for your records or information about you from third parties.

I. 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.

II. I HAVE LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with the Notice about my Privacy Practices, and such Notice must explain, how, when, and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than necessary to accomplish the purpose for which the use or disclosure is made. In addition, I am legally required to follow the Privacy Practices described in this Notice. However, I reserve the right to change the terms of this Notice and my Privacy Practices at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my Privacy Practices, I will promptly change this Notice and post a new copy of it in my office. You can also request a copy of this Notice from me, or you can view a copy of it in my office.

III. HOW I MAY USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I can use and disclose your PHI without your consent for the following reasons:

- 1. For Treatment.** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist in order to coordinate your care.
- 2. To obtain payment for treatment.** I can use and disclose your PHI to bill and collect payment of the treatment and services provided by me to you. For example, I might send your PHI to your insurance company or health plan to be paid for the health care services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.
- 3. For health care operations.** I can use and disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provide such services to you. I may also provide your PHI to our accountants, attorneys, consultants, and others to make sure I am complying with applicable laws.
- 4. Other disclosures.** I may also use and disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered,

or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

B. Certain Uses and Disclosures Do Not Require Your Consent. I can use and disclose your PHI without your consent or authorization for the following reasons:

1. **When disclosure is required by federal, state, or local law; judicial or administrative proceedings; or law enforcement.** For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
2. **For public health activities.** For example, I may have to report information about you to the county coroner.
3. **For health oversight activities.** For example, I may have to provide information to assist the government when it conducts and investigation or inspection of a health care provider or organization.
4. **For research purposes.** In certain circumstances, I may provide PHI in order to conduct medical research.
5. **To avoid harm.** In order to avoid a serious threat to the PHI I may disclose your PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. **For specific government functions.** I may disclose PHI of military personnel and veterans in certain situations. In addition, I may disclose you PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
7. **For workers' compensation purposes.** I may provide PHI in order to comply with workers' compensation laws.
8. **Appointment reminders and health related benefits or services.** I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object

1. **Disclosures to family, friends, or others.** I may provide you 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.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections III A, B, and C above, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I have not taken any action in reliance on such authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to you PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose you PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.
- B. **The Right to Choose How I Send PHI to You.** You have the right to ask that I send information to you to at an alternate address (for example, sending information to you work address rather than you home address) or by alternate means (for example, by e-mail instead of the postal service) I must agree to your request so long as I can easily provide the PHI to you in the format you requested.
- C. **The Right to See and Get Copies of Your PHI.** In most case, you have the right to look at or get copies of your PHI that I have, but you must make the request in writing. If I do not have your PHI, but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. If you request copies of you PHI, I will charge you not more than \$.25 for each page. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.
- D. **The Right to Get a List of the Disclosures I Have Made.** You have the right to get a list of instance in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. I will respond to your request for an accounting of uses and 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. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you made more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

- E. **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, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (a) correct and complete, (b) not created by me, (c) not allowed to be disclosed, or (d) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.
- F. **The Right to Get This Notice by E-Mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

V. HOW TO FILE A COMPLAINT REGARDING MY PRIVACY PRACTICES

If you think that I may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S. W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THE NOTICE OR TO FILE A COMPLAINT ABOUT MY PRIVACY PRACTICES

If you have any questions about this Notice or any complaints about these Privacy Practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Tim Dallacqua LCSW at: 600 Central Avenue, Suite 305, Great Falls, Montana 59401 406-205-4419.

VII. EFFECTIVE DATE OF THIS NOTICE

This Notice went into effect on February 14, 2014.

PLEASE READ AND SIGN BELOW

CONSENT TO USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

This form is an agreement between you, _____, and _____. If you are signing on behalf of someone else as his or her personal representative, that person's name is _____.

When we work together for an assessment, psychotherapy, or counseling, the forms you fill out and the information I collect is what HIPAA law calls Protected Health Information (PHI). The Notice of Privacy Practices form explains your rights related to privacy and how the regulations allow me to use and disclose your PHI. **As stated in the Notice of Privacy Practices, with the exception of emergencies and special circumstances where the law requires me to act even without a person's authorization, my intention is to continue to seek your specific written authorization when I disclose information about you for treatment, payment, or healthcare operations.** You also have the right to request limits on how I use or disclose information, and there is a place on the authorization form for this. You also have the right, after you sign this consent, to revoke it in writing. In the future, if privacy laws and regulations change or if I make any change to my privacy policies, I will notify you of a revised Notice of Privacy Practices. Revisions will be available to you at your request and a copy is available in a notebook in the waiting room.

Signing below allows us to work together or to continue our work together, by agreeing to what is in the Notice of Privacy Practices.

Name of Client (Please Print)

Signature of Client, Parent or Personal Representative

Relationship to the Client

Date

_____ Copy given to the Client, Parent or Personal Representative
Effective date of NPP: 02152014