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## **Notice of HIPAA (Health Insurance and Portability Accountability Act): Policies and Practices to Protect the Privacy of Your Health Information**

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**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. Some may not be relevant to mental health care but must be included by law. Please review it carefully and ask questions if you have them.*

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### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your 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.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- 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 what we use or 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.
- 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 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, even if you have agreed to receive the notice electronically. 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 make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## **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, talk to us. Tell us what you want us to do, and we will follow your instructions. It is my responsibility to determine the minimal information needed for a given purpose of disclosure. Insurance companies can never require me to provide my confidential session-by-session psychotherapy notes as a condition of paying for your services.

**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
- Include your information in a hospital directory

**\*\* If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. \*\***

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

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you. This would require a separate written authorization from you to disclose.
- Example: A doctor treating you for an injury asks another doctor about your overall health condition.

**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 your 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.

## **Special Situations**

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls

- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**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.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Do research**

- We can use or share your information for health research.

**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or to defend myself if you file a suit against me.

**Abuse and Neglect Reporting**

- I may disclose Health Information to report child abuse or neglect, and elder abuse or neglect.

**Avert Suicide or Violence/Homicide**

- I may use and disclose Health Information necessary to prevent serious threat to your health and safety or to the health and safety of the public or another person.

**Please note:** *\*\*In New York, state confidentiality law is much stricter than HIPAA when it comes to mental health records (as is the Code of Ethics of Psychologists of the American Psychological Association). In general, I need your specific, written permission to provide any information about you except in situations of a serious threat to health or safety, when I have reasonable cause to believe that child or elder abuse is occurring, or to comply with a court order or law. I will give you specific written information about confidentiality the first time we meet. \*\*Also, due to the NY SAFE Act (Secure Ammunition and Firearms Enforcement Act) Section 9.46, I may have a responsibility as a clinician to report clients that I believe pose a 'clear and present danger' to themselves or others to the Department of Human Services, via the online Integrated SAFE Act Reporting Site (ISARS).*

**Other Important Information**

**One set of progress notes**

- Some psychotherapists maintain two sets of progress notes about your treatment. I do not do that unless I have a compelling reason to do so. If I did feel it was necessary to keep two sets of notes, the set with more detail about your personal situation (called "psychotherapy notes") would require a separate written authorization from you to disclose

**No outside marketing, sale or fundraising**

- I will never sell, provided or exchange information with outside people or organization. However, I will ask you if you would like me to contact you with other services or products that I provide. In order to do this, you have to sign the authorization form.

**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.

**More info:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Effective Date: April 26, 2019:** This notice applies to Scott A. Kaplan, Ph.D., who sees clients in the greater Rochester area. He handles insurance billing for clients using an online billing software program called Simple Practice to submit claims electronically to Aetna and Excellus. It is HIPAA compliant. This information is securely sent and stored online and backed up on an encrypted external hard drive. Scott A. Kaplan's business associates have signed confidentiality contracts. Emails containing PHI or other sensitive data will not be sent unless permission is given by the client or they are modified or encrypted by using a HIPAA compliant, secure email account service.

**Changes to the Terms of this Notice:** I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and my web site.