



Your privacy is protected by the Health Insurance Portability and Accountability Act (details below)

### **NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION**

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

#### **Summary**

This notice describes how your personal health information (PHI) is protected, and how Leigh Mann (Licensed Marriage and Family Therapist) may use and disclose this information. PHI includes personally identifiable information that relates to your past, present, or future health, treatment, or payment for health care services. Leigh Mann's employees and professional staff are required to comply with this privacy policy, and have access to this information only when there is an appropriate reason to do so, such as to confer with other health care providers or to submit claims for these services.

Under the Health Insurance Portability and Accountability Act (HIPAA), you are afforded privacy rights regarding the use and disclosure of your health information. These include:

- a right to be informed of the potential uses and disclosures of your protected health information, and to limit those uses and disclosures of this protected health information;
- a right to receive this written notice that explains how we may use and disclose your protected health information, your rights under HIPAA's privacy rule, and Leigh Mann's responsibilities as a covered entity under HIPAA;
- a right to a paper copy of this notice, or to have your legally designated representative receive a copy of this notice; you are asked to acknowledge receipt of this notice;
- a right to amend your record, to restrict what information from your record is disclosed to others, and to receive an accounting of disclosures of this information that were made without your authorization, other than for treatment, payment or health care operations;
- a right to have your complaints about my policies and procedures recorded in these records.

As a health care provider, Leigh Mann is making a good faith effort to see that you or your representative have received and acknowledged this notice of privacy practices. If you are seen for emergency treatment, you will receive this notice as soon as practically possible afterward.

#### **I. Disclosures for Treatment, Payment, and Health Care Operations**

Leigh Mann may *use or disclose your protected health information (PHI)*, for certain *treatment, payment, and health care operations* purposes without your *authorization*. To help clarify these terms, here are some definitions:

- *PHI* refers to information in your health record that could identify you.
- *Treatment* is when Leigh Mann or another healthcare provider diagnoses or treats you. An example of treatment would be when Leigh Mann consults with another health care provider, such as your family physician or another psychologist, regarding your treatment.

- *Payment* is when Leigh Mann obtains reimbursement for your healthcare. Examples of payment are when Leigh Mann discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *Health Care Operations* is when Leigh Mann discloses your PHI to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.
- *Disclosure* applies to activities outside of Leigh Mann's office, such as releasing, transferring, or providing access to information about you to other parties.
- *Authorization* means written permission for specific uses or disclosures. All authorizations to disclose must be on a specific, legally required form.

## **II. Uses and Disclosures Requiring Authorization**

Leigh Mann may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when Leigh Mann is asked for information for purposes outside of treatment and payment operations, Leigh Mann will obtain an authorization from you before releasing this information.

You may revoke or modify all such authorizations of PHI at any time, provided each revocation is in writing; however, the revocation or modification is not effective until Leigh Mann receives it. You may not revoke an authorization to the extent that (1) Leigh Mann has relied on that information; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

## **III. Uses and Disclosures with Neither Consent nor Authorization**

Leigh Mann may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse*: Whenever Leigh Mann, in her professional capacity, has knowledge of, reasonably suspects or observes that a child has been the victim of child abuse or neglect, Leigh Mann must immediately report such to a police department or sheriff's department, county probation department, or county or state welfare department.
- *Adult and Domestic Abuse*: If Leigh Mann, in her professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if Leigh Mann is told by an elder or dependent adult that he or she has experienced these, or if Leigh Mann reasonably suspects such, she must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.
- *Health Oversight*: If a complaint is filed against Leigh Mann with the State Board that licenses her profession, the Board has the authority to subpoena confidential mental health information from Leigh Mann relevant to that complaint.
- *Serious Threat to Health or Safety*: If you communicate to Leigh Mann a serious threat of physical violence against an identifiable victim, Leigh Mann must make reasonable efforts to prevent harm, which may include communicating that information to the potential victim, and the police. If Leigh Mann has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, Leigh Mann may release relevant information as necessary to prevent the threatened danger.

*Judicial or Administrative Proceedings:* If you are involved in a court proceeding and a request is made about the professional services that Leigh Mann has provided you, Leigh Mann must not release your information without:

- 1) your written authorization or the authorization of your attorney or personal representative; or
- 2) a court order

The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. Leigh Mann will inform you in advance if this is the case.

#### **IV. Patient's Rights and Provider's Duties**

##### Patient's Rights

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Leigh Mann is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* –You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing Leigh Mann and may request that she not telephone your
- *Right to Inspect and Copy* –You have the right to inspect or obtain a copy (or both) of PHI in Leigh Mann's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. *Leigh Mann may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Leigh Mann will discuss with you the details of the request and denial process.*
- *Right to Amend* –You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Leigh Mann may deny your request. On your request, Leigh Mann will discuss with you the details of the amendment process.
- *Right to an Accounting* –You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, Leigh Mann will discuss with you the details of the
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from Leigh Mann upon request, even if you have agreed to receive the notice electronically.

##### Duties of Provider:

- Leigh Mann is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.
- Leigh Mann reserves the right to change the privacy policies and practices described in this notice. Unless Leigh Mann notifies you of such changes, however, she is required to abide by the terms currently in effect.
- If Leigh Mann revises her policies and procedures, Leigh Mann will provide you with a written copy of the revised policies and procedures at the earliest possible opportunity following this revision, in person or by mail.

#### **V. Complaints**

If you are concerned that Leigh Mann has violated your privacy rights, or you disagree with a decision Leigh Mann made about access to your records, you may contact the Secretary of the U.S. Department of Health and Human Services. Leigh Mann will provide you with the appropriate address upon request.

#### **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice went into effect August 1, 2015. Leigh Mann reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Leigh Mann maintains. Leigh Mann will provide you with a revised notice by mail, at the earliest opportunity following the revision.

**Leigh S. Mann  
Licensed Marriage and Family Therapist**

Please sign this page as acknowledgement that you received the HIPPA (Health Insurance Portability and Accountability Act) form that explains and provides notice of privacy practices for personal health information.

I, (Please print name) \_\_\_\_\_, received a copy of the  
HIPPA report either as a hard copy or as a computer document on (Date):\_\_\_\_\_.

Sign:\_\_\_\_\_ Date:\_\_\_\_\_