

# *Ellen H. Theodores, LCSW, LLC*

## **HIPAA NOTICE OF PRIVACY PRACTICES**

**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. Uses and Disclosures for Treatment, Payment, and Health Care Operations.**

By law I am required to insure that your Protected Health Information (PHI) is kept private. I may *use* your PHI for *treatment* and for *health care operations* without your written authorization. I may *disclose* your PHI for payment, certain treatment activities and healthcare operations with your *written authorization*. Here are some definitions to help clarify these terms:

- “PHI” is information created or noted by us that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care.
- “Use” applies only to activities within my office that help to manage the service I provide.
- “Disclosure” applies to activities outside of our practice, such as releasing, transferring, giving, or otherwise providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential medical information. All authorizations to disclose PHI must be on a specific, legally required form.
- “Treatment” refers to activities in which I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with a counselor to whom we have referred you, or speak with your primary care physician.
- “Health Care Operations” are activities that relate to the performance and operation of our practice. Examples of health care operations are client satisfaction and quality improvement activities, administrative processes and audits.
- “Payment” occurs when we obtain reimbursement for healthcare services provided to you, generally this involves disclosing PHI you provided to health insurance companies.

### **III. Other Uses and Disclosures Requiring Authorization**

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

We will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about a conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that we have acted in reliance upon that authorization. If the authorization was obtained as a condition of obtaining insurance coverage, and is revoked, the insurer has the right to contest the claim under the policy.

#### **IV. Uses and Disclosures without Authorization.**

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

- Child Abuse – If I know or have reasonable cause to suspect that a child has been abused or neglected, I must report the matter to the appropriate authorities as required by law.
- Adult and Domestic Abuse – If I suspect that an adult has been abused, neglected, or exploited and I have reasonable cause to suspect that the adult is incapacitated or dependent, I must report the matter to the appropriate authorities as required by law.
- Health Oversight Activities – I may disclose PHI to the appropriate Maine Board of Professional Licensure, or one of its representatives, pursuant to standards or regulations for regulation, accreditation, licensure, or certification.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If, in my reasonable professional judgment, she or he believes that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, I may disclose PHI to the appropriate persons.
- Worker’s Compensation – I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- Emergency Treatment – Authorization is not required if you need emergency treatment, provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, we may disclose your PHI.

- Other Disclosures – Federal or Maine State Law may permit or require disclosure for other reasons, such as in response to a court order, or required reporting to government agencies, as in matters pertaining to national security.

## **V. Revocation of Authorization**

Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures of your PHI to me.

## **VI. Your Rights Regarding PHI**

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am 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 a professional at my practice. On your request, I will not contact you at home.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. I must permit you to request access to inspect or to obtain a copy (or both) of Psychotherapy Notes, unless I believe that such access would be detrimental to your health. If you are denied access to Psychotherapy Notes, it is possible upon presentation of a written authorization signed by you that such notes or a “narrative” of the notes may be made available to your “authorized representative.” On your request, I 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. I may deny your request. On your request, we 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. On your request, I will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

## **VII. Right to Change this Policy**

I reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it my website. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

### **VIII. How to Complain about my Privacy Practices**

If, in your opinion, I have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with me at this address:

Ellen H. Theodores, LCSW, LLC  
153B Park Row  
Brunswick, ME 04011  
Tel (207) 245-5087

You may also 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. If you file a complaint about our privacy practices, I will take no retaliatory action against you.

### **IX. Person to Contact for Information about this Notice or to Complain about our Privacy**

If you have any questions about this notice or any complaints about my privacy practices, please contact me at the above address.

### **X. Effective Date of this Notice**

This notice went into effect on April 01, 2013.

**XI. Receipt of Notice of Privacy Practices**

**Written Acknowledgement**

I, \_\_\_\_\_, have received a copy of Ellen H. Theodores, LCSW, LLC Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DOB: \_\_\_\_\_

**Communication by Phone and Email**

I, \_\_\_\_\_, authorize Ellen H. Theodores to use the phone and email to communicate with me. I realized that email, while convenient, is not secure, and cannot be assumed to be confidential.

Home Phone Number: \_\_\_\_\_

OK to leave Message Y or N

Work Phone Number: \_\_\_\_\_

OK to leave Message Y or N

Cell Phone Number: \_\_\_\_\_

OK to leave Message Y or N

Email Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date