



Notice of Privacy Practices

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

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting your health information. We maintain a record of the care and services you receive from this behavioral health practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this behavioral health practice. This notice explains how we may use and disclose your health information. It also describes your rights to the health information we maintain about you and our obligations regarding its use and disclosure.

We are required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request at our office and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe the ways we use and disclose health information. For each use or disclosure category, we will explain what we mean and provide examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment or Health Care Operations:

Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient to use or disclose the patient's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. We may also disclose your PHI to health care providers within our behavioral health practice for the purpose of treatment. This too can be done without your written authorization. For example, if a clinician consulted with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosing and treating your condition. We may also use your PHI for operational purposes, including sending you appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. 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.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your minor child(ren) 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.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes:

We 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 our 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 our use in defending ourselves in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate our 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 Purposes:

We will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if we request a review from you and plan to share the review publicly online or elsewhere to advertise our services or practice, we will provide you with a Release of Information “HIPAA authorization.” The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking, or other personal health details). Because you may not realize which information you provide is considered “PHI,” we will send you a HIPAA authorization and request your signature, regardless of the content of your review. Once you complete the HIPAA authorization, we will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to our office in person or via certified mail to our address. Once we have received your written withdrawal of consent, we will remove your review from our website and any other platforms where it has been posted. We cannot guarantee that others who may have copied your review from our website or other platforms will also remove the review. This is a risk we want you to be aware of should you give us permission to post your review.

Sale of PHI:

We will not sell your PHI in the regular course of our business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons. We have to meet certain legal conditions before we can share your information for these purposes:

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.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if I am so allowed by the court or administrative officials.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.
8. Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
9. 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.
10. 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.
11. For organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others:

You have the right and choice to tell me that I may provide your PHI to a family member, friend, or other person you designate as your emergency contact, who is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. 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 us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we 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 the disclosure 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 We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

4. The Right to See and Get Copies of Your PHI. Except in limited circumstances, you have the right to receive an electronic or paper copy of your medical record and other information we maintain about you. Ask us how to do this. We will provide you with a copy of your record, or, if you agree, a summary of it, within 30 days of receiving your written request. We may charge a reasonable fee for providing this information.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, as well as any other disclosures (such as any you ask me to make). Ask me how to do this. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge a reasonable fee for each additional 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. We may say "no" to your request, but we will explain the reasons 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 email. And even if you have agreed to receive this Notice via email, you also have the right to request a paper copy.
8. The Right to 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 make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt Out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint. You can file a complaint if you feel we have violated your rights by contacting us at Lotus Centre – 7602 Pacific Street, Suite 102, Omaha, NE 68114, (402) 680-8280 or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

We have the right to change the terms of this Notice, and such changes will apply to all the information we have about you. The new Notice will be available upon request, in our office and on our website.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Client's Name: _____

Date of Birth: _____

Signature of Patient/Legal Representative:

Print Name

Relationship to patient

Signature

Date (MM/DD/YYYY)