

## **HIPAA-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 CAREFULLY.

*Solstice therapy is committed to protecting your privacy, and required by law to maintain privacy of your Protected Health Information (PHI). PHI refers to information in your health record that could identify you. "Use" applies to activities within Solstice Therapy, such as sharing, utilizing, applying, examining and analyzing information that identifies you. "Disclosure" applies to releasing, transferring, or providing access to information about you to other third parties outside Solstice Therapy. Solstice Therapy is required to provide you with this Notice of Privacy Practices, which will tell you about the ways in which we may use and disclose health information about you. It will also describe your rights to the health information kept about you, and certain obligations we have regarding the use and disclosure of your PHI.*

### HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- I. Uses and Disclosures for Treatment, Payment, and Behavioral Health Care Operations: Under federal privacy law, Solstice Therapy may use and disclose your PHI, without your written consent, for certain routine uses and disclosures made for treatment, payment, and the operation of our business. Solstice typically uses or shares your health information in the following ways:
  - a. TO TREAT YOU. Treatment is when we assess, provide and coordinate your behavioral health care. Solstice Therapy can use and share PHI with other professionals who are treating you.
  - b. TO BILL FOR YOUR SERVICES. Solstice Therapy can use and share your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - c. TO RUN HEALTH CARE OPERATIONS. Solstice Therapy can use and share your PHI to run the business, improve your care and contact you. This can include and not limited to, quality improvement, assessment, audits, case management/coordination.
- I. USES AND DISCLOSURES REQUIRING AUTHORIZATION. Solstice Therapy may use or disclose PHI for purposes outside of treatment, referral and behavioral health operations. Authorization is a written permission above and beyond general consent that permits specific disclosures. Certain uses and disclosures of your PHI are required with such authorization. In these instances, Solstice Therapy would need to obtain authorization from you before releasing this information. This includes:
  - a. Therapy notes (treatment plans, case summaries, session notes, screening tools, ect.). Solstice Therapy does utilize therapy notes for the purpose of treating you and your needs. Any use or disclosure of such notes requires authorization UNLESS the use or disclosure is for:
    - a.i. Treating you; for use in training or supervising mental health practitioners; for use by the Secretary of Health and Human Services to investigate compliance with HIPAA; for use in defending in legal proceedings instituted by you; required by law through a subpoena; required by a coroner who is performing duties authorized by law; required to help avert a serious threat to the health and safety of others.
  - b. Marketing purposes. Solstice Therapy will not use or disclose your PHI for marketing

purposes.

c. Sale of PHI. Solstice Therapy will not sell your PHI in the regular course of business. You may revoke all authorizations of your PHI at any time by notifying Solstice Therapy. We will need, in writing, your requests to do so. The revocation is only effective after it is received by Solstice Therapy. Any use or disclosure made prior to the revocation of this authorization will not be affected by the revocation.

**II. USES OR DISCLOSURES WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT. Information about you may be disclosed without your consent in the following circumstances:**

**a. TO HELP WITH PUBLIC HEALTH AND/OR SAFETY ISSUES**

- a.i. To prevent the spread of disease, assist in product recall, and report adverse reactions to medication
- a.ii. For health oversight activities, including audits, investigations, inspections by government agencies that oversee the health care system, other government regulatory programs and civil right laws
- a.iii. Disclosure to the Secretary of Health and Human Services to investigate or determine compliance with HIPAA
- a.iv. Reporting of suspected child, elder or dependent adult abuse, neglect or domestic violence
- a.v. Presenting or reducing a serious threat to anyone's health or safety

**b. TO COMPLY WITH LAW, LAW ENFORCEMENT OR OTHER GOVERNMENT REQUESTS**

- b.i. When disclosure is required by federal, state or local law, and the use or disclosure complies with and limited to the relevant requirements of such law
- b.ii. To respond to a court order, subpoena, or discovery request with judicial and administrative proceedings
- b.iii. For law enforcement purposes, including reporting crimes, identify you or disclose information about a victim of a crime
- b.iv. For military or national security concerns, including intelligence or counterintelligence operations; protection of the President of the United States; protective services for heads of state or other authorized persons or foreign heads of state; determining your own security clearance or national security activities authorized by law
- b.v. For workers compensation purposes; to comply with laws or support claims

**c. TO COMPLY WITH OTHER REQUESTS**

- c.i. To coroners or medical examiners, when such individuals are performing duties by law
- c.ii. For organ donation or transplantation
- c.iii. For research purposes, that has been approved by an institutional review board
- c.iv. To ensure the safety of those working within or housed in correctional institutions; in the course of providing care

**III. USES AND DISCLOSURES OF PHI THAT MAY BE MADE WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

- a. UNLESS you object, your therapist or Solstice Therapy may disclose PHI to your family, friends or others that you indicate are involved in your care or the payment of your care. Consent is null and void in emergency situations.

**YOU HAVE THE FOLLOWING RIGHTS WITH RESPECTS TO YOUR PHI:**

This section will explain your rights regarding your PHI. To exercise these rights, please submit a written request to Solstice Therapy at the address noted below.

- I. THE RIGHT TO AMEND, INSPECT AND RECEIVE COPIES OF YOUR PHI. Other than therapy notes, you have the right to obtain a copy or inspect (or both) a copy of your medical health record, billing records and other information we have about you on file. Solstice Therapy may deny your request if it believes the disclosure will endanger your life or another person's life. You have the right to have this decision reviewed. You can request to correct your PHI, if you believe there is incorrect or incomplete information needed to be edited or added to the existing information on file.
- II. THE RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES TO YOUR PHI. You have the right to deny use or disclosure of certain PHI for treatment, payment or health care operations purposes. Solstice Therapy may deny your request if we believe it would affect your health or treatment. If you pay for a service or health care item out-of-pocket in full, you can request Solstice Therapy to not share your PHI with your health insurer. You can ask Solstice Therapy to not share your PHI with family members, or friends by stating who you want the restriction to apply too.
- III. THE RIGHT TO CHOOSE HOW I SEND PHI TO YOU. You have the right for Solstice Therapy to contact you in a specific way, IE home or office phone, or mail to be sent to a different address. We will agree to all reasonable requests.
- IV. THE RIGHT TO GET A LIST OF THE DISCLOSURES I HAVE MADE. You have the right to request a list of (an accounting), of the number of instances in which Solstice Therapy has disclosed your PHI for the purposes other than treatment, payment or health care operations, or for which you provided me with Authorization for third parties. Your requests will be responded to within 60 days within receiving the initial request. Your request will consist of any uses or disclosures within the last 7 years, unless you request a shorter time. You can receive one accounting every 12 months, and may be charged if you ask for one more frequently.
- V. THE RIGHT TO CHOOSE SOMEONE TO ACT FOR YOU. If you have provided someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights.
- VI. THE RIGHT TO RECEIVE A COPY OF THIS NOTICE VIA ELECTRONICALLY OR PAPERCOPY.

**TO FILE COMPLAINTS IF YOU FEEL YOUR RIGHTS ARE VIOLATED.**

Please file a complaint by contacting Solstice Therapy using the following information 267-461-8831

You can file a complaint with the USE Department of Health and Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washing, DC, 20201 or calling 877-696-6775.

Solstice Therapy will not retaliate against you for filing a complaint.

**OUR RESPONSIBILITIES AND DUTIES AT SOLSTICE THERAPY**

- I. Solstice Therapy is required by law to maintain the privacy and security of your PHI.
- II. Solstice therapy is required to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- III. Solstice Therapy reserves the right to change the privacy policies and practices described in this notice. Shall Solstice Therapy make changes, you will be notified, and provided with an updated copy. Otherwise, Solstice Therapy, is required to abide by the terms currently in effect.
- IV. Solstice therapy will inform you if your PHI has been compromised in a breach.

**Client Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_