

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Effective Date: December 1, 2024

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

I. My Pledge Regarding Your Health Information

I understand that information about your health and healthcare is personal, and I am committed to protecting your privacy.

I create and maintain records of the care and services you receive from me to provide quality care, coordinate services when appropriate, and comply with applicable legal and professional requirements.

This Notice of Privacy Practices explains how I may use and disclose your **Protected Health Information (PHI)**, your rights regarding that information, and my responsibilities for protecting your privacy.

As required by applicable law, I will:

- Protect the privacy and security of your PHI;
- Provide you with this Notice describing my legal duties and privacy practices;
- Follow the terms of the Notice currently in effect; and
- Notify you following a breach of unsecured PHI when notification is required by law.

I reserve the right to revise this Notice and change my privacy practices as permitted by law. Any revised Notice may apply to PHI already maintained as well as information received in the future. The current Notice will be available upon request.

II. How I May Use and Disclose Your Health Information

1. Treatment

I may use or disclose your PHI for purposes related to your treatment without obtaining a separate written authorization when permitted by law.

For example, I may communicate with another healthcare professional involved in your care, make or receive referrals, or consult with another qualified healthcare professional regarding your treatment.

Disclosures for treatment purposes are generally not subject to HIPAA's minimum necessary standard when made between healthcare providers for treatment purposes.

2. Payment

I may use or disclose PHI as necessary to obtain payment for services.

This may include providing information to an insurance company, health plan, Employee Assistance Program (EAP), billing service, or other payer for purposes such as:

- Determining eligibility or benefits;
- Obtaining authorization;
- Submitting or processing claims;
- Establishing medical necessity when applicable; or

- Collecting payment for services.

Information disclosed may include information such as diagnosis, dates of service, type of service, treatment information, or other information reasonably necessary for payment.

3. Health Care Operations

I may use or disclose PHI for healthcare operations when permitted by law.

Examples may include:

- Practice administration;
- Quality assessment and improvement;
- Professional consultation;
- Credentialing;
- Licensing or regulatory compliance;
- Auditing;
- Legal or risk-management consultation; and
- Other activities necessary to operate the practice.

III. Legal and Administrative Proceedings

PHI may sometimes be requested through a subpoena, court order, administrative proceeding, discovery request, or other legal process.

A subpoena or request for information does **not necessarily mean that your records will automatically be released**. I will respond to legal requests in accordance with applicable federal and state law and may seek clarification, obtain your authorization, assert applicable privacy protections or privileges, consult with legal counsel, or comply with an enforceable legal order when required.

IV. Uses and Disclosures That Generally Require Your Authorization

Certain uses and disclosures of PHI generally require your written authorization unless an exception under applicable law applies.

1. Psychotherapy Notes

If I maintain **psychotherapy notes as specifically defined by HIPAA**, most uses or disclosures of those notes require your written authorization.

HIPAA provides limited exceptions, including certain uses by the therapist for treatment, training or supervision, legal defense, health oversight, or other circumstances specifically permitted or required by law.

Psychotherapy notes under HIPAA are different from the regular clinical or progress notes maintained as part of your treatment record.

2. Marketing

I will obtain your authorization before using or disclosing your PHI for marketing when authorization is required by law.

3. Sale of PHI

I will not sell your PHI in exchange for remuneration except as specifically permitted by law and with any authorization required by HIPAA.

4. Other Uses and Disclosures

Uses or disclosures of your PHI that are not otherwise permitted or required by law will generally be made only with your written authorization.

If you provide authorization, you may generally revoke that authorization in writing, except to the extent that action has already been taken in reliance upon it or as otherwise provided by law.

V. Uses and Disclosures That May Occur Without Your Authorization

Subject to applicable legal requirements and limitations, I may use or disclose PHI without your written authorization in certain circumstances, including:

- When required by federal, state, or local law;
- For legally required reports of suspected abuse, neglect, or exploitation;
- For certain public health activities;
- To prevent or reduce a serious threat to health or safety when permitted by law;
- For health oversight activities, including certain audits, investigations, inspections, or licensing activities;
- In response to certain judicial or administrative proceedings;
- For certain law enforcement purposes;
- To coroners or medical examiners when authorized by law;
- For certain approved research activities when applicable legal requirements are satisfied;
- For certain specialized government functions, including military or national security activities when permitted by law;
- To comply with workers' compensation or similar programs;
- For certain healthcare operations and administrative functions; and
- For other purposes specifically permitted or required by applicable law.

I may also use your contact information for appointment reminders and other communications related to your care, treatment alternatives, or health-related services when permitted by law.

VI. Individuals Involved in Your Care or Payment for Care

When permitted by law, I may disclose relevant PHI to a family member, close friend, caregiver, or another person you identify as involved in your care or payment for your care.

When possible, I will provide you with an opportunity to agree, object, or express your preferences regarding these disclosures.

If you are unavailable or an emergency or other circumstance prevents obtaining your preference, I may use professional judgment and applicable legal requirements to determine whether a limited disclosure is appropriate.

VII. Your Rights Regarding Your Protected Health Information

You have important rights regarding your PHI.

1. Right to Request Restrictions

You may ask me to restrict certain uses or disclosures of your PHI for treatment, payment, or healthcare operations.

I am generally not required to agree to every requested restriction.

However, when required by HIPAA, I will honor a request to restrict disclosure to a health plan for payment or healthcare operations when the disclosure relates solely to a healthcare item or service for which you, or someone on your behalf other than the health plan, have paid **in full out of pocket**.

2. Right to Request Confidential Communications

You may request that I communicate with you in a particular way or at a particular location.

For example, you may request that I contact you using a particular telephone number or email address.

Reasonable requests will be accommodated as required by law.

3. Right to Access Your Health Information

You generally have the right to inspect and obtain an electronic or paper copy of PHI maintained in your

designated record set.

Certain information may be excluded from this right, including psychotherapy notes as defined by HIPAA and other information excluded by law.

I will respond to requests within the time required by applicable law. A reasonable, cost-based fee may be charged when permitted.

4. Right to Request an Amendment

If you believe information in your record is incorrect or incomplete, you may request that it be amended.

I may deny an amendment request under circumstances permitted by law. If your request is denied, you will receive information regarding the denial and any additional rights available to you.

5. Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your PHI.

The accounting generally does not include disclosures for treatment, payment, or healthcare operations and certain other disclosures excluded under HIPAA.

The accounting will cover the period permitted by law. The first accounting within the applicable period will generally be provided without charge. A reasonable fee may apply to additional requests when permitted by law, after you are notified of the potential cost.

6. Right to a Copy of This Notice

You have the right to obtain a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

7. Right to Be Notified of a Breach

You have the right to receive notification following a breach of your unsecured PHI when notification is required under applicable law.

VIII. Complaints and Questions

If you believe your privacy rights have been violated or have questions regarding this Notice, you may contact:

Tamara Young, MSW, LCSW, LICSW

Phone: 208-244-0596

Email: tamara.young.lcsw@therapysecure.com

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**, or another appropriate regulatory authority.

You will **not be retaliated against or denied care for filing a privacy complaint or exercising your privacy rights**.

IX. Changes to This Notice

I reserve the right to change the terms of this Notice and my privacy practices as permitted by law.

Any revised Notice may apply to PHI already maintained as well as PHI created or received after the revision becomes effective. The current version of this Notice will be available upon request.

Acknowledgment of Receipt of Notice of Privacy Practices

By electronically acknowledging or signing below, you confirm that you have been provided with a copy of this **Notice of Privacy Practices** and have had an opportunity to review it and ask questions.

Your acknowledgment confirms **receipt of the Notice**; it does not mean that you are waiving any privacy rights provided to you under HIPAA or other applicable law.

I acknowledge that I have received and had the opportunity to review Tamara Young, MSW, LCSW, LICSW's Notice of Privacy Practices, effective December 1, 2024.

