

Momentum Psychotherapy, PLLC

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

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

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

1. *For Treatment Payment, or Health Care Operations:* Federal privacy rules 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 in order to carry out the health care provider's treatment, payment or health care operations. For example, I may send information about you, including a diagnosis, to your health insurance plan so that they will pay for your treatment. On rare occasions, an insurance company may ask me for additional information about your symptoms, diagnosis, and/or treatment plan; if they do so, I will inform you, and will only provide the insurance company with the minimum amount of information needed based on their request. If you are working with a therapist under supervision, relevant information from your treatment may be shared with that therapist's licensed supervisor for the purpose of case consultation and ensuring quality of care. Supervisors are legally and ethically bound to maintain confidentiality.
2. *Individuals Involved in Your Care or Payment of Your Care:* When appropriate, I may share your PHI with a person who is involved in your treatment or payment of your treatment, such as a family member or close friend, as long as you have signed a Release of Information form authorizing me to do so. In cases of emergency, I am able to notify others of information related to your treatment without your written permission.
3. *Other Health Care Professionals:* With your written consent, I will disclose your PHI to other health care professionals for the purposes of health care treatment coordination. For example, I may provide your PHI to another health care professional to whom you have been referred to ensure the professional has the necessary information to diagnose or treat you.

4. *Lawsuits and Disputes:* If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child 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 DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

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, although my preference is to obtain an Authorization from you before doing so.
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. Specialized government functions, including, ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counter-intelligence operations, or helping to ensure the safety of those working within or housed in correctional institutions.
8. 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.
9. Appointment reminders. I may use and disclose your PHI to contact you to remind you that you have an appointment with me.

IV. OTHER USES AND DISCLOSURES

1. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to mental health treatment will only be made with your written authorization.

V. 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 me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. For example, you could ask that I not share information about a particular diagnosis or treatment with your spouse. To request a restriction, please specify the restriction in writing on your Release of Information Consent form.
2. *The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.* You have the right to request restrictions on disclosures 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 I Send PHI to You.* You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. *The Right to See and Get Copies of Your PHI.* Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable fee for doing so. I may deny your request in certain limited circumstances. If I deny your request, you may appeal.

5. *The Right to Get a List of the Disclosures I Have Made.* You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization.
6. *The Right to be Notified of a Breach of Your Unsecured PHI.* You have a right to be notified if there is a breach, use, or disclosure of your PHI in violation of the HIPAA Privacy Rule or if your PHI has not been encrypted to government standards.
7. *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.
8. *The Right to Get a Paper or Electronic Copy of this Notice.* You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
9. *Progress Notes.* I may keep two sets of progress notes about your treatment, one that contains only the minimum amount of information necessary to meet medical documentation requirements, and another with more detail that helps me track your treatment progress in more detail. If there are two sets of notes about you, the set that contains more details (called “psychotherapy notes”) would require separate authorization from you for me to disclose.
10. *Marketing and Sales.* As a psychotherapist, I will not use or disclose your PHI for marketing purposes. Additionally, I will not sell your PHI in the regular course of my business.
11. *Complaints.* If you believe you’re privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.