

Notice of Privacy Practices

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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on July 25, 2022.

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. The Privacy of Your health Information

Your privacy is very important to me. I maintain records regarding your treatment to assure you quality care and to meet certain legal requirements. These records include "psychotherapy notes" as that term is defined in 45 CFR § 164.501. In any case where I release records, I will release the minimum information required in that instance. I am required by law to keep your information private and to notify you of my privacy practices, my legal responsibilities, and your rights regarding your treatment records. I am required to follow the privacy practices outlined in this notice, and to update the notice if any changes are made to my privacy practices. You may request an updated copy of this notice following any amendment of privacy practices by asking me. This notice explains how your health information can be used or disclosed, and how you can access your mental health treatment records.

II. Use and Disclosure of your Mental Health Treatment Information

- *Payment Purposes:* If another agency is paying for your treatment, we may submit information regarding your treatment as necessary to receive payment for the services. In order to use insurance for therapy, even out-of-network, I am required to provide a diagnosis and occasionally other relevant protected health information to your insurance carrier. This is necessary if you choose to use insurance benefits.
- *Business Operations Purposes:* Your information may be used for the purposes of audits, billing, accounting, and legal services. It may also be used for the purpose of getting the accreditations, certificates, licensing, and credentials to assure you quality services.
- *Health Care Operations.* Federal privacy regulations allow health care providers who have direct treatment relationship with the patient/client to use or disclose

the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment or health care operations. For example, if I were to consult with another licensed health care provider about your condition, I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist me in diagnosis and treatment of your mental health condition.

- *Harm to Self or Others:* If you become a danger to yourself or to others, we may have to reveal information about you and your treatment to other mental health professionals, family members, and/or emergency services.
- *Abuse and Neglect:* If a therapist has any knowledge, or suspicion, of child or elderly/dependent adult abuse or neglect, the law requires that we file a report with the appropriate government agency. This mandate includes if you or your child reveal any instances of abuse or neglect on the part of yourself, others you know, family members, etc.
- *Court Proceedings:* If ordered to do so by a judge, I may have to release protected health information to the court.
- *Complaints or Lawsuits:* If a client files a complaint or lawsuit against a therapist, relevant information regarding that client may be disclosed for the therapist's defense.
- *Law Enforcement:* I may disclose information to law enforcement as required by law, pursuant to court orders, or in response to a crime or emergency occurring on the premises.
- *Health Emergency:* In the event that you should experience a health emergency, with your permission, I may disclose information to notify a person responsible for your care of your location and general condition. In an emergency when you are not able to give or deny permission, I will only share information that we judge to be directly necessary for your health care.
- *Coroners or medical examiners:* I may be required to release information to a coroner or medical examiner when such individuals are performing duties authorized by law.
- *Workers compensation:* Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
- *HIPAA compliance.* I may be required to release records for use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- *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.
- *Required by law:* When disclosure is required by state or federal law, any use or disclosure of your information will comply with and be limited to the relevant requirements of such law.
- *Other Uses:* Other uses besides those described here of your protected information will only take place with your specific written permission, which you may revoke at any time.

Your Rights Regarding Treatment Information

- *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. You have the right to review this notice before signing any consent for the release of your information.
- *Ownership of medical records.* The health and billing records I maintain are the property of Bessie Green LCSW, LLC.
- *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. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
- *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.
- *The Right to Revoke a Release of Information.* You have the right to revoke permission for the disclosure of information that you have already given, except to the extent that action has already been taken on that permission. This request should be submitted in writing to me.
- *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. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
- *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, cost based fee for doing so. If you are a legal representative of a minor child requesting the file of that minor child, some parts of the file may be withheld, as deemed necessary by me for the confidentiality of the child.
- *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.
- *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. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request. I am required to include the request for amendment and the statement of disagreement in any further disclosures of your file.

- *The Right to File a Complaint.* If you want to file a complaint regarding the handling of your private information, you may file a written complaint with the Director, Office of Civil Rights, U.S. Dept. of Health and Human Services. I will not retaliate against you for filing a complaint. I cannot require you to waive the right to file a complaint as a condition of mental health treatment.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature

date

Witness

date