

## CHRISTOPHER GREENE, LCSW NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your individually identifiable health information.

### PLEASE REVIEW THIS NOTICE CAREFULLY

#### A. MY COMMITMENT TO YOUR PRIVACY

As you are perhaps aware, the 1996 passage of the Health Insurance Portability and Accountability Act, (HIPAA) dismantled many of the patient-privacy protections that had been an integral part of health care during the modern era. It established a wide-ranging set of circumstances whereby healthcare providers may release a patient's individually identifiable health information (IIHI) to others without the patient's permission.

While the law may authorize me to release information regarding you without your permission, as a point of professional practice, I almost never do it. Except in the rarest circumstances, I will discuss with you in advance the rationale for providing information to some third party and will be bound by your wishes except when I am required by law to divulge information.

That being said, I am obligated by the terms of HIPAA to provide you with the following notice of the privacy practices that I maintain in my practice concerning your individually identifiable health information (IIHI).

In conducting your therapy, I will create records about you and your treatment and the services I provide to you.

I am required by law to maintain the confidentiality of health information that identifies you, but there are exceptions. Those exceptions are, in the main, detailed below. In a family or couple's treatment, your communications are similarly protected, but please note that privacy protections cover individuals and not groups. Your privilege only extends to what you say, not to what your family member says.

The terms of this notice apply to all records containing your IIHI that are created or retained by me. I reserve the right to revise or amend this Notice of Privacy Practices.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE ASK.**

**C. I MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS.**

The following categories describe the different ways in which I may use and disclose your individually identifiable health information (IIHI) without your explicit permission:

1. **Treatment.** I will use your IIHI to treat you. If I refer you to other providers, they may use or disclose your IIHI so as to facilitate your treatment. Additionally, I may need to disclose your IIHI to others who assist in your care, such as your spouse, children, or parents.
2. **Payment.** I may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment and health status to determine if your insurer will pay for your treatment. I also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members or insurance companies. Also I may use your IIHI to bill you directly for my services.
3. **Health Care Operations.** I may use and disclose your IIHI to operate my business. For example, I may use your IIHI to evaluate the quality of care you receive from me.
4. **Treatment Options.** I may use and disclose your IIHI to inform you of potential treatment options or alternatives.
5. **Release of Information to Family/Friends.** I may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.

6. Disclosures Required by Law. I will use and disclose your IIHI when I am required to do so by federal, state, or local law.

#### D. USE AND DISCLOSURE OF YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which I may use or disclose your individually identifiable health information:

1. Public Health Risks. I may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient, including domestic violence
- Notifying your employer under limited circumstances related primarily to workplace injury

2. Health Oversight Activities. I may disclose your IIHI to a health-oversight agency for activities authorized by law. Oversight activities can include such activities as investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. I may use and disclose your IIHI in response to a court order.

4. Serious Threats to Health or Safety. I may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

5. Inmates. I may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody or supervision of a law enforcement official. Disclosure for these purposes would be necessary:

- (a) for the institution to provide health care services to you,
- (b) for the safety and security of the institution, and/or
- (c) to protect your health and safety or the health and safety of other individuals.

#### **E. I MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) ONLY WITH YOUR EXPLICIT PERMISSION IN THE FOLLOWING WAYS**

The fact is that I never have engaged, nor will I ever engage in the following activities, but I am obligated, all the same, to specify that, without your explicit permission I may not and will not disclose notes I have made concerning your psychotherapy for the following reasons:

1. For reasons other than providing treatment, collecting payment, or for managing my business,
2. For marketing my business, or
3. As part of a sale of your IIHI.

#### **F. HOW TO ACCESS YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION**

The most important information that I gather is in my thoughts. If you have questions about how I am assessing, diagnosing, treating or planning for after-care, please ask me. With respect to my written records, if you ask, I will show them to you and go over them with you, and provide you with copies, if you so desire.